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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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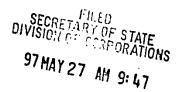
L.V.
ude suffix)

(Proposed corporate name - must include suffix)					
Enclosed is an original a	nd one(1) copy of the artic	les of incorporation and a	check for :	- -1	
\$70.00	\$78,75	122 :50	\$131.25		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
•	& Certificate	& Certified Copy	Certified Copy & Certificate	ļ	
		ADDITIONAL CO			
FROM:	GARY P.K	Printed or typed)	180		
	20219 OCLAN	Key Drive		SI DIVIS 97	
_	Bas Rator	y, State & Zip	5498	SECRETARY NSIGNE SE CO 97 MAY 27	
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NOTE: Please provide the original and one copy of the articles.





5-24-97 Date

ARTICLES OF INCORPORATION

NAME

partition as registered agent

Signature/Registered Agent

ARTICLE I

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be:				
MED Tech Billing Systems, INC.				
·				
ARTICLE II PRINCIPAL OFFICE				
The principal place of business and mailing address of this corporation shall be:				
20219 Ocean Key Drive				
BOLA RATION, Il 33498				
ARTICLE III SHARES				
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:				
1000 Shares				
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS				
The name and Florida street address of the initial registered agent are:				
michael I. Kepniss				
BOLA NATON, of 33498				
·				
ARTICLE V INCORPORATOR				
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:				
Spark Ocean tey Drive				
Bora Cason, 32 3348				
λ				
5/24/97				
Signature/Incorporator Date				
(An additional article must be added if an effective date is requested.)				
(

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby alcept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes fellating to the proper and complete performance of my duties, and I am familiar with and accept the