## P97000053496 TRANSMITTAL LETTER

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

200002213472--8 -06/16/97--01153--012 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT: HEALTH INFORMATION SERVICES INC.

PLEASE FILE ARTICILES OF INCORPORATION

Enclosed for \$ 70.00



Name (Printed or typed)
Document Assistance Inc.
514 Adinghird Circle
Delray Beach, FL 33444
0(409):285:2702

Telephone, number

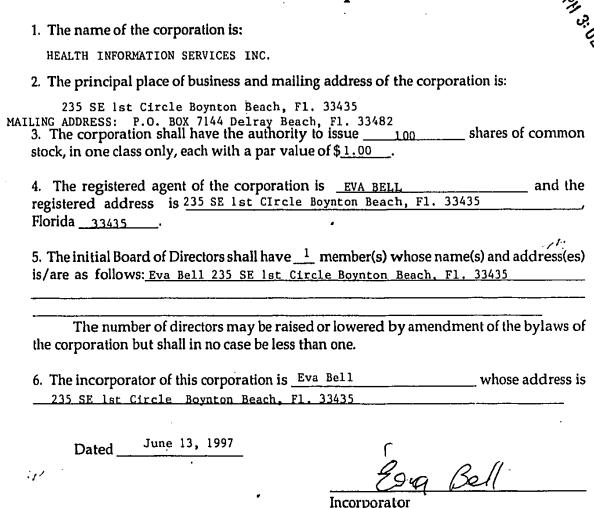
Document Assistance Inc. 514 Kingbird Circle
Delray Beach, FL 33444
(407) 265-2702

SECRETARY OF STATE OF COSPORATIONS

97 JUH 16 PH 3: 02

61797 6189

## Articles of Incorporation



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 accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated \_\_\_\_6-13-97

Registered Agent

Eva Bell