PATODOU5781 TRANSMITTAL LETTER

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

900002249309--3 -07/28/97--01112--001 *****70.00 *****70.00

SUBJECI:	(Proposed co		e - must includ	le suffix)		-	
Enclosed Is an or and a c heck for:	iginal and or	ne (1) copy	of the artic	les of in	corpor	ation	
\$70.00 Filing Fee & Certificate	\$78.75 Filing Fe & Certifi		\$122.50 Filing Fee Copy		\$131.2 Filing Fo Certified & Certifi	ce & I Copy	
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	FROM:		MILLS_		_	٠,	En ED STATE
		Name ((Printed or Type	ed)			
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		A	ddress				ភ
		COCC	DA, FLORID	A 3292	27	_	
		С	ity, State & Zip	1			
		(407)	639-0292			_	
		Daytimo	Telephone nun	nber			

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION SECRETARY OF STATE OF THE STATE

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

ACCU-MED BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

BUSINESS ADDRESS: 6407 ALLEGHNEY AVE., COCOA, FLORIDA 32927

MAILING ADDRESS: P.O. BOX 1376, SHARPES, FLORIDA 32959

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at one time is:

7500 SHARES OF COMMON (VOTING) STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:

BRIAN J. MILLS 6407 ALLEGHENY AVENUE COCOA, FLORIDA 32927

Filing Fee: \$ 70.00

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TINA J. MILLS 6407 ALLEGHENY AVE COCOA, FLORIDA 32927

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this TWENTY-FIRST day of JULY, 1997.

Signature

Signature

NOTE: Affixing an officer tittle after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	ACCU-MED BILLING, INC. (must include suffix)	
2.	The name and address of the reg	istered agent and office is:	07 Tru
		BRIAN J. MILLS (Name)	200 TELE
		407 ALLEGHENY AVENUE Box or Mail Drop Box NOT Acceptable)	STATE IS
		COCOA, FŁORIDA 32927 (City/State/Zip)	

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 I am familiar with and accept the obligations of my position as registered agent.

Francisco JULY 21, 1997
(Signaturo) (Dato)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314