

Charter Number Only

2/5/98
P98000013115

Requester's Name MR
Address _____
City _____ State _____ ZIP _____ Phone _____

NOTIFICATION ONLY

400002423434--2
-02/06/98-01033-016
****122.50 ****122.50

CORPORATION(S) NAME

D & E Medical Billing Services, INC.

FILED
98 FEB 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
98 FEB 6 AM 10:18
DIVISION OF CORPORATION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

Certified copy

W98-2745
K. Rolfe FEB 6 1998

Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 6, 1998

EMPIRE

MIAMI, FL

SUBJECT: D & E MEDICAL BILLING SERVICES, INC.
Ref. Number: W98000002745

RECEIVED
98 FEB 10 AM 9:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for D & E MEDICAL BILLING SERVICES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 098A00006969

ARTICLES OF INCORPORATION

of

D & E MEDICAL BILLING SERVICES, INC
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

D & E MEDICAL BILLING SERVICES, INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

MEDICAL BILLING, COLLECTION, CLAIMS REVIEW,
MEDICAL BILLING CONSULTANT.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Twenty shares (20) of Five thousands Dollar(s) (\$ 5000.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>David . P. Rodriguez</u>		
ADDRESS	<u>16010 S.W. 71 Terrace</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33193</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>D & E MEDICAL BILLING SERVICES, INC</u>		
ADDRESS	<u>16010 S.W. 71 Terrace</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33193</u>

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TALLAHASSEE, FLORIDA

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>David P. Rodriguez</u>		
ADDRESS	<u>16010 S.W. 71 Terrace</u>		
CITY	<u>MIAMI</u>	STATE	<u>Florida</u> ZIP <u>33193</u>
NAME	<u>Evelyn J. Rodriguez</u>		
ADDRESS	<u>16010 S.W. 71 Terrace</u>		
CITY	<u>MIAMI</u>	STATE	<u>Florida</u> ZIP <u>33193</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>David P. Rodriguez</u>		
ADDRESS	<u>16010 S.W. 71 Terrace</u>		
CITY	<u>MIAMI</u>	STATE	<u>Florida</u> ZIP <u>33193</u>
NAME	<u>Evelyn J. Rodriguez</u>		
ADDRESS	<u>16010 S.W. 71 Terrace</u>		
CITY	<u>MIAMI</u>	STATE	<u>Florida</u> ZIP <u>33193</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 04 day of February, 19 98.

David P. Rodriguez (Seal)
Evelyn J. Rodriguez (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

D & E MEDICAL BILLING SERVICES, INC
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 16010 S.W. 71 Terrace
MIAMI, Florida 33193

has named David P. Rodriguez
located at the aforesaid address, as its Registered Agent to accept service of process with this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

David P. Rodriguez
(registered agent)

98 FEB 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED