

Requestor & Nam Address ZIP Phone City

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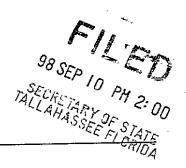
CORPORATION(S) NAME

CR2E031 (R8-85)

Medical Ac	courts Receivable	Specialist, Idc.
		98 SEP
		ASSE CO
Profit NonProfit	( ) Amendment	STATE ORIDA
( ) Foreign	( ) Dissolution	( ) Mark ©
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Mark  ( ) Other ( ) Change of Registered Agent  ( ) Certificate Under Seal  ( ) After 4:30
( ) Certified Copy	( ) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready Walk In (	( ) Call If Problem ) Will Wait	
Name Availability Document Examiner Updater		SEP 10 AM 9: 48
Verifier  Acknowledgment  JW.P. Verifier		HO, B

## ARTICLES OF INCORPORATION

of



# Medical Accounts Receivable Specialist, 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:

Medical Accounts Receivable Specialist, 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.

#### ARTICLE IV- CAPITAL STOCK

## 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:

ADDRESS 840 NE 20th Avenue  FLORIDA ZIP33304	NAME	Ana B.	Watsor	l .		
Et Lauderdale FIORIDA ZIP33304	ADDRESS	840 NE	20th	Avenue		
			erdale		FLORIDA	ZIP33304

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

NAME Me	edical Accounts	Receivable Specialist, Inc.	
ADDRESS P	P.O. Box 7053		
CITY Ft	t. Lauderdale	FLORIDA	zn-33338

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One ( 1 ) 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	Ana B. Watson			
ADDRESS	840 NE 20th Avenue			
CITY	Ft. Lauderdale	STATE FL	ZIP 33304	
NAME				
ADDRESS				
CITY		STATE	ZIP	

#### ARTICLE VI I - INCORPORATORS

STATE

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

NAME Ana B. Watson		
ADDRESS 840 NE 20th Avenue		
CNY Ft. Lauderdale,	STATE FL	Z0833304
NAME		
ADDRESS		
CITY	STATE	<u>Z1</u> P
NAME		
ADDRESS		
CITY	STATE	ZIP

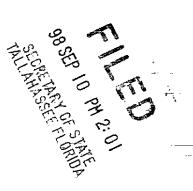
	bay executed these Articles of Incorporation this 944
day of September, 1998.	have executed these Articles of Incorporation this 91H (Seal)
· ·	(Seal)
	(Seal)

ZIP

name address

# CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF



Medical Accounts Receivable Specialist, 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	840 NE 20th Avenue	<del></del>
	Ft. Lauderdale, FL 33304	
has named	Ana B. Watson	
located at the	aforesaid address, as its Registered Agent to accept service	e of process within
this state.		

### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated 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.

(registered agent)

Daily Business Review - 07/94