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

800002672608

-10/26/98--01100--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

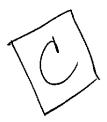
ADDITIONAL COPY REQUIRED

Elizabeth A. Smith
Name (Printed or typed)

4639 MEADOWVIEW Circle

941-922-7248

Daytime Telephone number



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



### ARTICLES OF INCORPORATION

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

#### ARTICLE I

The name of the corporation shall be:

MED-PRO Billing Solutions, INC

### ARTICLE II PRINCIPAL OFFICE

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

4639 MEADOWVIEW CIRCLE SARASOTA, FL 34233

#### SHARES ARTICLE III

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

1,000 SHARES

## <u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

ElizABETH A. Smith 4639 MEADOWVIEW CIRCLE SARASOTA, FI 34233

# ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

FlizABETH A. Smith 4639 MEADOWVIEW Circle SARASOTA, FI 34233

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 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

// Signature/Registered Agent