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TRANSMITTAL LETTER

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

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-01/04/99--01084--012
****122.50 ****78.75

SUBJECT: ELECTRONIC MEDICAL BILLING SOLUTIONS, INC.

I enclose an original and NO copy(ies) of the Articles of
Incorporation for the above corporation and a check in the amount
of \$ 125.00.

SIGNED: Kim A. Pont

From:

Kim A. Pont
Name

71 Alberta Avenue
Address

Ponce Inlet FL 32127
City State Zip

(904) 761-8547
Telephone Number

FILED
99 JAN -4 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROOK JAN 5 1999

ARTICLES OF INCORPORATION

OF

ELECTRONIC MEDICAL BILLING SOLUTIONS, INC.

ARTICLE I NAME

The name of the corporation shall be:

ELECTRONIC MEDICAL BILLING SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

71 ALBERTA AVENUE

PONCE INLET, FL. 32127

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Kim A. Pont

71 Alberta Avenue

Ponce Inlet, Fl. 32127

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ARTICLE V INCORPORATOR

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

Kim A. Pont

71 Alberta Avenue

Ponce Inlet, Fl. 32127

The undersigned has executed these Articles of Incorporation this Second day of January 1999.

Kim A. Pont
Kim A. Pont, Incorporator

CERTIFICATE OF DESIGNATION

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:

ELECTRONIC MEDICAL BILLING SOLUTIONS, INC.

2. The name and address of the registered agent and office is:

Kim A. Pont

71 Alberta Avenue

Ponce Inlet, Fl. 32127

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TALLAHASSEE, FLORIDA

Signature: Kim A. Pont

Title: President/Treasurer/Secretary

Date: Jan. 2, 1999

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: Kim A. Pont

Date: Jan. 2, 1999