## TRANSMITTAL LETTER

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

SUBJECT: EECTRONIC REMITTANCE MEDICAL MANAGEMENT

ASSOCIATES INCORPORATED

70002731657--2 -01/06/99--01036--009 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

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

\$70.00 \$78.75 Filing Fee Filing Fee

& Certificate of Status

□\$78.75 □

\$87.50 Filing Fee,

Filing Fee & Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: KENNETH R. HITCHENS

4024 LAKE WITERHILL ROAD, SUITE "H"

ORLANDO, FL 32803
City, State & Zip

407 · 894 · 5386

Daytime Telephone number

F. CHESSITY JAN 7 1998

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 Name

The name of the corporation shall be:

Electronic Remittance Medical Management Associates, Incorporated

Article II Principal Office

The principal place of business and mailing address of this corporation shall be: 4024 Lake Underhill Road

Suite "H"

Orlando, Florida

32803

## Article III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000)

## Article IV Initial Registered Agent And Street Address

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

Kenneth R. Hitchens

4024 Lake Underhill Road

Suite "H"

Orlando, Florida 32803

Article V Incorporator

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

Kenneth R. Hitchens

4024 Lake Underbill Road

4024 Lake Underhill Road

Suite "H"

Orlando, Florida 32803

Signature/Incorporator

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