TELEPHONE: (813)221-5603 FACSIMILE: (813)224-0102

4th Floor Tampa Theatre Building 707 North Franklin Street Tampa, Florida 33602 POST OFFICE BOX 173027 TAMPA, FLORIDA 33672

January 20, 1999

VIA FEDERAL EXPRESS
Division of Corporations
Department of State
The Capitol
Room 202, North Monroe
Tallahassee, FL 32310-8047

300002754293--2 -01/25/39--01152-020 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

RE: Articles of Incorporation for Medical Providers Billing Services, Inc.

Gentlemen:

Enclosed please find two (2) originals of the (a) Articles of Incorporation, and (b) Certificate of Designation Registered Agent/Registered Office, both regarding Medical Providers Billing Services, Inc. Please file the original Articles and Certificate and return a certified copy to me.

Also enclosed is a check in the amount of \$78.75 made payable to the Secretary of State.

Thank you for your assistance and cooperation in this matter. Should you have any questions regarding the enclosed documents, please do not hesitate to contact my office by telephone.

Sincerely yours,

NANCY

CY C BARAGE

NGF:mas Enclosures JAN 25 PH 12: 27
Chetary of State
Lahassee Florio

ETHIN 5 S. HOUSE

# ARTICLES OF INCORPORATION

OF

MEDICAL PROVIDERS BILLING SERVICES, INC.



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

#### ARTICLE I

## NAME OF CORPORATION

The name of the corporation shall be:

MEDICAL PROVIDERS BILLING SERVICES, INC.

#### ARTICLE II

# NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

# ARTICLE III

# CAPITAL STOCK

The maximum number of shares that this corporation is authorized to have outstanding at any one time is One Hundred (100) shares having a par value of One Dollar \$1.00 per share.

#### ARTICLE IV

# TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V

#### REGISTERED OFFICE AND AGENT

The street address of the initial principal office of this corporation is 4710 Manatee Avenue West, Bradenton, FL 34209, and the name of the initial registered agent of this corporation at that address is Gary Smith.

#### ARTICLE VI

## INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws adopted by the shareholders. The name and address of the initial director of this corporation are:

<u>Name</u> Gary Smith Address
4710 Manatee Avenue West,
Bradenton, FL 34209

# ARTICLE VII

#### SUBSCRIBERS

The name and post office address of the subscriber to these Articles of Incorporation are:

Name Gary Smith Address 4710 Manatee Avenue West, Bradenton, FL 34209

#### ARTICLE VIII

# BY-LAWS

The Board of Directors is authorized to adopt By-Laws, including provisions governing the issuance of stock certificates to replace lost or destroyed stock certificates and provisions prohibiting the transfer of the stock of the corporation and of the

preemptive rights to such stock, provided such By-Laws are not contrary to the laws of the State of Florida.

#### ARTICLE IX

#### AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority, or such greater number as may be specified in the By-Laws, of the shares of stock entitled to vote thereon unless all the directors and the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned has made, subscribed and acknowledged these Articles of Incorporation, this \_/7 to day of January, 1999.

STATE OF FLORIDA

COUNTY OF

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Gary Smith known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal in the State and County aforesaid this  $\cancel{1944}$  day of January, 1999.

NOTARY PUBLIC

My commission expires:

TARA K. GAUTHIER
MY COMMISSION # CC 780850
EXPIRES: 10/05/2002
1-800-3-NOTARY Fla. Notary Services & Bonding Co

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the law of the state of Florida, submits the following statement in designating the registered agent, in the state of Florida.

1.	The name of the corporation is: Medical Providers Billing
	Services, Inc.
2.	The name and address of the registered agent and office is:
	Mr. Gary Smith (NAME)
	(NAME)
	4710 Manatee Avenue West
	(P.O. BOX NOT ACCEPTABLE)
	Bradenton, FL 34209 (CITY/STATE/ZIP)
	(CITY/STATE/ZIP)
	/
	SIGNATURE
	(corporate officer)
	DATE //19/99
	DATE,/19/99
	——————————————————————————————————————
HAVIN	G BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCE	SS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN
	CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY
WITH	PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE
	RMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE ATIONS OF MY POSITION AS REGISTERED AGENT.
OBLIG	ATIONS OF MY POSITION AS REGISTERED AGENT.
	CTONABILIDE CUPS
	SIGNATURE
	DATE
	TAI 99
	REGISTERED AGENT FILING FEE: \$35.00 ≦ ≧