

P99000028706

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

SUBJECT: HARRIS MEDICAL BILLING INC.
(PROPOSED CORPORATE NAME)

800002827668--3
-04/02/99--01014--014
*****78.75 *****78.75

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE
ARTICLES OF INCORPORATION AND OUR CHECK FOR \$122.50.

FROM: SHIRLEY HARRIS
NAME (PRINTED OR TYPED)

PO BOX 426 (103 THICKET LANE)
ADDRESS

PALATKA, FLORIDA 32178
CITY, STATE, & ZIP

(904) 325-8553
TELEPHONE NUMBER

FILED
99 MAR 29 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHARON

MAR 30 1999

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE
ARTICLES.

W99-6921



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 23, 1999

SHIRLEY HARRIS
P.O. BOX 426
PALATKA, FL 32178

SUBJECT: HARRIS MEDICAL BILLING INC.
Ref. Number: W99000006921

We have received your document for HARRIS MEDICAL BILLING INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Sharon Davis
Document Specialist Supervisor

Letter Number: 899A00014412

ARTICLES OF INCORPORATION
OF

The undersigned, desiring to organize a corporation under Chapter 607, Florida Statutes, set forth the following:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this corporation shall be HARRIS MEDICAL BILLING INC.
The address of the Principal office of the Corporation and the mailing
address of the Corporation is: PO BOX 426 PALATKA, FLORIDA 32178.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The general purpose for which the corporation is organized is to include the
transaction of any and all lawful business for which corporations may be
incorporated under the Florida General Corporation Act.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority
to issue is 500 shares common stock all of one class, each having a par
value of \$1.00, which may be issued for such consideration having a value
of not less than the par value of shares issued therefore as to the Board of
Directors shall be deemed appropriate.

ARTICLE V

The street address of the Corporation's Initial Registered Office is: 103 THICKET LANE PALATKA, FLORIDA 32177, and the name of the Registered Agent at that office is SHIRLEY HARRIS. A written acceptance as required in Section 607.001, F.S. is attached hereto and made a part hereof.

ARTICLE VI

The number of Directors constituting the initial Board of Directors is one (1), and the name(s) of the person(s) who shall serve as Directors is: SHIRLEY HARRIS

ARTICLE VII

The date and time of the commencement of the Corporate existence shall be the day of the filing of these Articles of Incorporation with the Secretary of State of the State of Florida.

ARTICLE VIII

The Officers of the Corporation shall consist of a President, Secretary, and Treasurer, each of whom shall be appointed by the Board of Directors. Such other Officers and Assistants and Agents as may be deemed necessary may be elected or appointed by the Board of Directors from time to time.

ARTICLE IX

The name(s) and street address(es) of the incorporator(s) of these Article of Incorporation is: SHIRLEY HARRIS 103 THICKET LANE PALATKA, FLORIDA 32177.

The undersigned incorporator(s) has executed these Articles of Incorporation this 17th Day of March 1999.

Shirley Harris
Signature

REGISTERED AGENT'S ACCEPTANCE:

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Shirley Harris
Name:

103 THICKET LANE
Address:

PALATKA, FLORIDA 32177
CITY, STATE, ZIP

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TALLAHASSEE, FLORIDA