

P99000032782

TRANSMITTAL LETTER

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

800002830179--5  
-04/06/99--01020--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Paradigm Health Care Billing Service Inc.  
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Robert G. Martin  
Name (Printed or typed)

1000 Flora Park Drive  
Address

Jacksonville FL 32259  
City, State & Zip

(904) 542-4825  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR -6 PM 5:34

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

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## 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:  
Paradigm Healthcare Billing Service Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:  
1000 Flora Parke Drive, Jacksonville, Florida 32259

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
Ten Thousand (10,000)

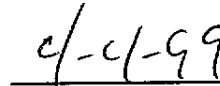
### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:  
Robert G. Martin  
1000 Flora Parke Drive  
Jacksonville, Florida 32259

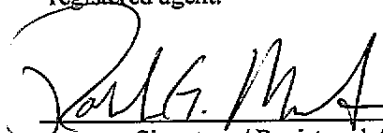
### ARTICLE V INCORPORATOR

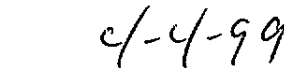
The name and address of the incorporator to these Articles of Incorporation are:  
Robert G. Martin  
1000 Flora Parke Drive  
Jacksonville, Florida 32259

  
\_\_\_\_\_  
Signature / Incorporator

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date

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DIVISION OF CORPORATIONS  
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