TRANSMITTAL LETTER

# P99000045211

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

SUBJECT: E-ME	DIBILL INC.		DC AS an
SOBJEC*.	(Proposed cor	of incorporation and a	SECRETARY OF ALLIAHASSEE. F.
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	S131.25 DATE Filing Fee, Certified Copy & Certificate
,		ADDITIONAL CO	OPY REQUIRED
<b>F</b> ROM:	Cynthia Wade		<del> </del>
	Name (P	rinted or typed)	
	112-65th Street East	== Address	5000028756653 -05/14/9901076002 
	Bradenton, FL 34208	, State & Zip	
	•		
	(941) 748-4064		
		Telephone number	

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.

ART	ICLE	I	NAME

The name of the corporation shall be:

E-MEDIBILL INC.

### PRINCIPAL OFFICE ARTICLE II

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

112-65th Street East Bradenton, FL 34208

### ARTICLE III SHARES

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

100 Shares

## INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Cynthia Wade 112-65th Street East Bradenton, FL 34208

### INCORPORATOR ARTICLE V .

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

Cynthia Wade 112-65th Street East Bradenton, FL 34208

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 5-12-99

Signature/Registered Agent