

CORPORATION INFORMATION
SERVICE, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32310
904-222-9171
904-222-0191 FAX

800-342-8086

CSO networks

MAIL TO:
P.O. Box 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 511764 4134B

AUTHORIZATION :

3000001361103
-12/22/94--01063--022
****122.50 ****122.50

COST LIMIT : \$ PREPAID

ORDER DATE : December 22, 1994

ORDER TIME : 10:37 AM

ORDER NO. : 511764

CUSTOMER NO: 4134B

CUSTOMER: Ms. Helen Brock Ford
BROAD AND CASSEL

Suite 1100
390 N. Orange Avenue
Orlando, FL 32801

DOMESTIC FILING

NAME: **P95000004107**
MEDICAL REIMBURSEMENT
CONSULTANTS, INC.
OF AMERICA,

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: DW

17 72 74
02/A

FILED
95 JAN 17 PM 1:50
TALLAHASSEE, FL 32310

6294-27134
789,502,671



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 22, 1994

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

SUBJECT: MEDICAL REIMBURSEMENT CONSULTANTS, INC.
Ref. Number: W94000027134

We have received your document for MEDICAL REIMBURSEMENT CONSULTANTS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return 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 (904) 487-6930.

Tim Murphy
Corporate Specialist

Letter Number: 894A00054127

BROAD AND CASSEL
ATTORNEYS AT LAW

MURRAY B. DEAN, P.A.
MEL BRAD, P.A.
JIMMY A. BUTCH, P.A.
PATRICIA L. BROWN, P.A.
C. E. BROWN, P.A.
JIMMY BROWN, P.A.
ROBERT D. CATTIN, P.A.
RICHARD S. McFARLAND, P.A.
C. DAVID BROWN, II, P.A.
DAVID J. BROWN, P.A.
P. VERNON BARNETT
MARTIN B. CANNON, P.A.
JAMES E. CANNON, P.A.
CLIFFORD L. HART, P.A.
ARVIN J. JAFFE, P.A.
M. STEPHEN TURNER, P.A.
RALPH C. DANIELLO, P.A.
DOUGLAS L. MANNING, P.A.
MARTIN B. FRANK, P.A.
KIAL EMMERLE, P.A.
MICHAEL A. DRINK, P.A.
ANTHONY W. PALMA, P.A.
ANTHONY D. BARNIN
CHARLES B. STRATTON, P.A.

PHILIP S. MCHWASTE, P.A.
BARTHELM H. HENNER, P.A.
BARRY A. PAYTON, P.A.
JAMES B. BLATER, P.A.
ARTHUR STRAUB, JR., P.A.
PHILIP JIMMY TOME, P.A.
WILLIAM C. PHILLIPS, P.A.
ALAN S. LIEBERMAN, P.A.
GABRIEL L. IMPERATO, P.A.
DAVID E. MILLER, P.A.
ROBERT T. BROWN, P.A.
ANDREW COTTEN, P.A.
BILLY OVERTON, P.A.
SAMUEL M. ALJODOD, P.A.
JAMES J. WINKLER, P.A.
JIMMY F. GORDON
ANDREW B. THOMAS, P.A.
STEVEN A. BROWN, P.A.
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JAY ADAMS

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LARRY B. WILLIS
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ANNE MURIEL BEAMAN
BOY E. ROBERT
MICHAEL F. HANSEN
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MARIA C. MONTANINO
MICHAEL MANTIN
STEVEN M. STAN
LESTER J. PERLINI

* Not Admitted in Florida

SUITE 1100
390 NORTH ORANGE AVENUE
ORLANDO, FLORIDA 32801
PO Box 4961 (32802-4961)
(407) 839-4200
FAX (407) 425-8377

OF COUNSEL
MICHAEL BRAD
ALVIN CANNON
NORMAN BRAD, P.A.
J. BURTIN BRAD
WILLIAM M. ROWLAND, JR., P.A.
WANDA L. BROWN
ALAN H. ARONSON
ALAN M. GRIEGLICH

January 11, 1995


Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Medical Reimbursement Consultants of America, Inc.

Dear Sir/Madam:

Enclosed for filing, please find an original and one (1) copy of the proposed Articles of Incorporation for Medical Reimbursement Consultants of America, Inc., together with a copy of your letter dated December 22, 1994. Please forward a certified filed copy of the enclosed to the undersigned at your earliest convenience.

Sincerely,


Helen Brock Ford
Paralegal

/hbf
Enclosures

ARTICLES OF INCORPORATION
OF
MEDICAL REIMBURSEMENT CONSULTANTS OF AMERICA, INC.

FILED
95 JUN 17 PM 1:58
Secy
TALLAHASSEE

ARTICLE I - NAME

The name of this corporation is MEDICAL REIMBURSEMENT CONSULTANTS OF AMERICA, INC.

ARTICLE II - INITIAL PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the initial principal place of business of the corporation is 710 Miami Springs Drive, Suite 100, Longwood, Florida 32779. The initial mailing address of the corporation is 710 Miami Springs Drive, Suite 100, Longwood, Florida 32779.

ARTICLE III - AUTHORIZED SHARES

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is 5,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the corporation is 390 North Orange Avenue, Suite 1100, Orlando, Florida 32801 and the initial registered agent of this corporation at that address is B&C Corporate Services of Central Florida, Inc.

ARTICLE V - INCORPORATOR

The name and address of the incorporator is as follows:

<u>Name</u>	<u>Address</u>
B&C Corporate Services of Central Florida, Inc.	390 North Orange Avenue Suite 1100 Orlando, Florida 32801

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The names and street addresses of the members of this corporation's Initial Board of Directors are as follows:

Debra Pacha-Guyot	218 Duncan Trail Longwood, Florida 32779
George Allen Guyot	218 Duncan Trail Longwood, Florida 32779
Vernon Paul Williams	200 Duncan Court Longwood, Florida 32779

IN WITNESS WHEREOF, the undersigned does hereby execute this instrument this 11th day of January, 1995.

B&C Corporate Services of Central Florida,
Inc.

By: 

Randal M. Alligood, Vice President

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws 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 REIMBURSEMENT CONSULTANTS OF AMERICA, INC.

2. The name and address of the registered agent and office is:

B&C Corporate Services of
Central Florida, Inc.
390 North Orange Avenue
Suite 1100
Orlando, Florida 32801

MEDICAL REIMBURSEMENT
CONSULTANTS OF AMERICA, INC.

By: B&C Corporate Services of Central
Florida, Inc.

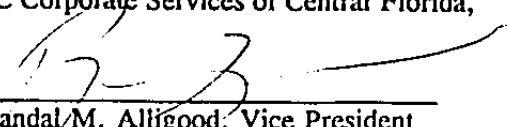
By: 
Randal M. Alligood, Vice-President

Title: Incorporator

Dated this 11th day of January, 1995.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF ITS DUTIES, AND ACCEPTS THE DUTIES AND OBLIGATIONS OF ITS POSITION AS REGISTERED AGENT INCLUDING THOSE CONTAINED IN SECTION 607.0505, FLORIDA STATUTES.

B&C Corporate Services of Central Florida,
Inc.

By: 
Randal M. Alligood, Vice President

Dated this 11th day of January, 1995.

P95000004107

Medical Reimbursement

Requestor's Name
Consultants of America, Inc.

Address
710 Warm Springs Dr. #100

City/State/Zip Phone #
Longwood, FL 32779

100001785921
-04/18/96--01090--004
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
95 MAY -6 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Volunteer
Dissolved
5/7/96

Examiner's Initials
DU



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 26, 1996

MEDICAL REIMBURSEMENT CONSULTANTS OF AMERICA, INC.
710 MIAMI SPRINGS DR.
#100
LONGWOOD, FL 32779

SUBJECT: MEDICAL REIMBURSEMENT CONSULTANTS OF AMERICA, INC.
Ref. Number: P95000004107

We have received your document for MEDICAL REIMBURSEMENT CONSULTANTS OF AMERICA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return 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 (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 196A00020082

RECEIVED
96 MAY -6 PM 3:58
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

FILED
90 MAY -6 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, the undersigned corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Medical Reimbursement Consultants
of America, Inc.

SECOND: The date dissolution was authorized: 4/16/96

THIRD: Adoption of Dissolution (check one)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

(The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve)

The number of votes cast for dissolution was sufficient for approval by

911, stockholders (voting group).

Signed this 16 day of April, 19 96.

Medical Reimbursement Consultants of America, Inc.
(Corporation Name)

By George A. Guyot (George A. Guyot)
(Chairman or Vice Chairman of the Board, President, or other officer)

George Allen Guyot (George A. Guyot)
(Typed or printed name)

President
(Title)