

4. P98000037049  
Steel Hector & Davis  
Requestor's Name

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip 222-2300 Phone #

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TALLAHASSEE, FLORIDA

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

1. Medad Vantage, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 3:00 ☐ 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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|                     |  |
|---------------------|--|
| Examiner's Initials |  |
|---------------------|--|

**ARTICLES OF INCORPORATION  
OF  
MEDADVANTAGE, INC.**

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1. The name of the corporation is MedAdvantage, Inc. (the "Corporation").
2. The street address and the mailing address of the initial principal office of the Corporation is:

3452 Lake Lynda Drive #250  
Orlando, Florida 32817

3. The Corporation shall have the authority to issue 1,000 shares of common stock, par value \$.01 per share.

4. The name and street address of the registered office and registered agent of the Corporation is:

Kim Hines  
c/o Steel Hector & Davis LLP  
1900 Phillips Point West  
777 South Flagler Drive  
West Palm Beach, FL 33401-6198

5. The name and address of the incorporator is:

Helen Franco  
Steel Hector & Davis LLP  
1900 Phillips Point West  
777 South Flagler Drive  
West Palm Beach, FL 33401-6198

6. The name and address of the initial directors of the Corporation are:

Steven L. Salman  
Physicians Protective Trust Fund  
2121 Ponce de Leon Boulevard  
P. O. Box 149001  
Coral Gables, Florida 33114

Bill Baxter  
Physicians Protective Trust Fund  
2121 Ponce de Leon Boulevard  
P. O. Box 149001  
Coral Gables, Florida 33114

Kerry M. Schwartz, M.D.  
Physicians Protective Trust Fund  
2121 Ponce de Leon Boulevard  
P. O. Box 149001  
Coral Gables, Florida 33114

John B. Witty  
3452 Lake Lynda Drive #250  
Orlando, Florida 32817

John C. Barrett  
3452 Lake Lynda Drive #250  
Orlando, Florida 32817

Dated: April 22, 1998

Helen R. Franco  
Helen Franco, Incorporator

## REGISTERED AGENT'S ACCEPTANCE OF APPOINTMENT

I agree to act as registered agent to accept service of process for MedAdvantage, Inc. at the place designated in the Articles of Incorporation. I agree to comply with all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of this position.

Date: April 22, 1998

Kim Hines  
Kim Hines

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