

F96000001870

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

50000177875
04/09/96--01050--010
*****78.75 *****78.75

SUBJECT: Medical Claims Specialists, Inc. 1045-7642
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Madelyn L. Pardinas, President

(Name of Person)

MCS - Medical Claims Specialists, Inc.

(Firm/Company)

3425 S.W. 69 Avenue

(Address)

Miami, Florida 33155

(City/State/Zip)

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DIVISION OF CORPORATIONS
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mtm

Should you need to call someone concerning this matter, please call:

Madelyn L. Pardinas

(Name of Person)

at (305) 663-4100

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 9, 1996

MADELYN L. PARDINAS
% MCS-MEDICAL CLAIMS SPECIALISTS, INC.
3425 S.W. 69 AVENUE
MIAMI, FL 33155

SUBJECT: MEDICAL CLAIMS SPECIALIST, INC.
Ref. Number: W96000007648

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We have received your document for MEDICAL CLAIMS SPECIALIST, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on line one of the application should match the name on the certificate. If you wish to use a dba name you would need to complete the enclosed resolution and return. Also the dba name must contain a corporate suffix.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 096A00016203



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RESOLUTION OF BOARD OF DIRECTORS

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I, the undersigned Madelyn L. Pardini, President, do hereby certify
that this Resolution of the Board of Directors of Medical Claims Specialists, Inc.

a corporation duly organized and existing under the laws of the State of Delaware,
was duly adopted on April 11, 19 96.

Resolved, that Medical Claims Specialists, Inc., organized
and existing in the State of Delaware, hereby adopts the
name MCS - Medical Claims Specialists, Inc.
for use in Florida.

Dated: 4-11-96


Signature of at least one director

President

INHS19(3/95)

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:*

1. Medical Claims Specialists, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. December 15, 1995
(Date of Incorporation)
5. "Perpetual"
(Duration: Year corp. will cease to exist or "perpetual")
6. January 30, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 3425 S.W. 69th Avenue
Miami, Florida 33155
(Current mailing address)
Medical Billing Company
8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**
Name: Madelyn L. Pardinas
Office Address: 3425 S.W. 69th Avenue
Miami, Florida, 33155
(Zip Code)
10. **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.

(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Madelyn L. Pardinias

Address: 3425 S.W. 69th Avenue Miami, Florida 33155

Vice President: Barbara C. Solis

Address: 3525 S.W. 69th Avenue Miami, Florida 33155

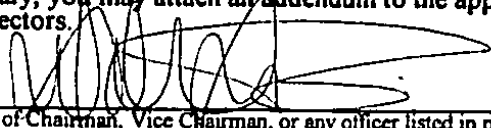
Secretary: Julio E. Solis

Address: 3425 S.W. 69th Avenue Miami, Florida 33155

Treasurer: Otto J. Pardinias

Address: 3425 S.W. 69th Avenue Miami, Florida 33155

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Madelyn L. Pardinias - President
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

[illegible]

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Edw. Hunt

Edward J. Freel, Secretary of State

AUTHENTICATION

DATE: