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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Bexar Credentials Verification, Inc.
(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:

Robert L. Needs

(Name of Person)

Bexar Credentials Verification, Inc

(Firm/Company)

202 W. French Place

(Address)

San Antonio, Tx 78212

(City/State/Zip)

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

Robert L. Needs

(Name of Person)

at 210 734-6691

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

FT

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. Bexar Credentials Verification 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. Texas 3. 74-2892363
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-28-98 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1-1-99
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 202 W. French Place
San Antonio, Tx 78212
(Current mailing address)

8. credentials verification, software sales
(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: Sylvia B. Davis

Office Address: 1000 Riverside Ave. Ste 202

Jacksonville, Florida, 3220
(Zip Code)

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TALLAHASSEE, FLORIDA

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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.

Sylvia B. Davis
(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.

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: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Robert L. Needs, President
 (Typed or printed name and capacity of person signing application)

Corporate Officers

Robert L. Needs
President, Chief Executive Officer

(Personal Information)
5902 Spring Country
San Antonio, TX 78247
Bexar County, USA
210-657-4768
SS# 286286316
DL# 12135318, TX

(Business Information)
President
Bexar Credentials Verification, Inc.
202 West French Place
San Antonio, TX 78212
210-734-6691
210-734-9556 fax
bneeds@bcms.org

Sylvia B. Davis
Corporate Secretary

(Personal Information)
8433 Glen Glade
Jacksonville, FL 32217
Duval County, USA
Home Phone 904-737-9528
SS# 264626290
DL# D-120-782-42-566-0, FL

(Business Information)
Corporate Secretary
Bexar Credentials Verification, Inc.
1000 Riverside Avenue, Suite 202
Jacksonville, FL 32204
904-354-0257
904-358-8085 fax
davis@fpic.com

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Board Members

Dennis E. Dawson

Executive Director
Bexar County Medical Society
202 West French Place
San Antonio, TX 78212
210-734-6691
210-743-9556 fax
ddawson@bcms.org

Robert B. Finch

Senior Vice-President, Chief Financial Officer
FPIC Insurance Group, Inc.
1000 Riverside Avenue, Suite 800
Jacksonville, FL 32204
904-354-5910
904-350-1049 fax
finch@fpic.com

W. Thomas Cotton

President , Chief Executive Officer
Texas Medical Liability Trust
901 MoPac Expressway South
P.O. Box 160140
Austin, TX 78716-0140
512-425-5801
512-328-5637 fax
tom-cotton@tmlt.org

Robert L. Needs

President
Bexar Credentials Verification, Inc.
202 West French Place
San Antonio, TX 78212
210-734-6691
210-734-9556 fax
bneeds@bcms.org

Barbara Harty-Golder, M.D.

c/o Sarasota County Medical Society
23 Webb Street
Osprey, Florida 34229
941-927-9644 voice & fax
941-966-3134 SCMS
bhgmdjd@ibm.net

Daniel A. Chester, M.D.

222 E. Ridge Road, Suite 216
McAllen, Texas 78503
956-686-6588
956-682-0759 fax

John R. Holcomb, M.D.

4410 Medical Drive
San Antonio, TX 78229
210-692-9400
210-692-9601 fax
John.Holcomb@Columbia.net

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The State of Texas

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TALLAHASSEE, FLORIDA

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

BEXAR CREDENTIALS VERIFICATION, INC.
File No. 1503652-00

were filed in this office and a certificate of incorporation was issued to this corporation,
and no certificate of dissolution is in effect and the corporation is currently in existence.



*IN TESTIMONY WHEREOF, I have hereunto
signed my name officially and caused to be
impressed hereon the Seal of State at my office in
the City of Austin, on January 25, 1999.*

Secretary of State

PH