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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: Sharps & Associates, Inc.
(Name of corporation - must include suffix)

700002832947--4
-07/16/99--01027--003
*****70.00 *****70.00

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:

Rob Potts / Laura Whiteside
(Name of Person)

HEALTHCARE RECOVERIES, INC.
(Firm/Company)

1930 BISHOP LANE, SUITE 14B
(Address)

LOUISVILLE, KY 40218
(City/State/Zip)

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

Laura Whiteside at (502) 575-6160
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
JUL 16 1999

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STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. SHARPS & ASSOCIATES, P.S.C
(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. KENTUCKY
(State or country under the law of which it is incorporated)
3. 61-1220243
(FEI number, if applicable)
4. 6/30/92
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. MAY 1, 1999
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 1930 BISHOP LANE, SUITE 14B, LOUISVILLE, KY 40218
(Principal office address)
b. 1930 Bishop Lane, Suite 14B, Louisville, Ky 40218
(Current mailing address)
8. SUBROGATION SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable):
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Shelly R. Schreyer
(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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Douglas R. Sharps

Address: 1938 Bishop Lane Suite 14B
Louisville, Ky 40218

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Douglas R. Sharps

Address: 1938 Bishop Lane, Suite 14B
Louisville, Ky 40218

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Douglas R. Sharps, CFO
(Typed or printed name and capacity of person signing application)



John Y. Brown III
Secretary of State

Certificate of Existence

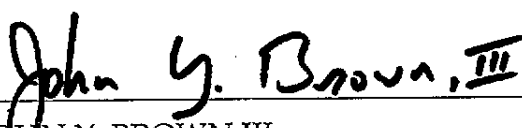
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

SHARPS & ASSOCIATES, P.S.C.

is a professional service corporation duly organized and existing under KRS Chapter 274, whose date of incorporation is June 30, 1992 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 274.105 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of June, 1999.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
llawrence/0302352

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