

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6127  
Tallahassee, FL 32314

**SUBJECT:** Medical Reimbursement Services of Florida, Inc.  
(Proposed corporate name - must include suffix)

700003138917--7  
-02/17/00--01068--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Robert J. Myers, Esq.  
Name (Printed or typed)

1135 Pasadena Avenue South, Suite 140  
Address

St Petersburg, FL 33707  
City, State & Zip

(727) 347-5131  
Daytime Telephone number

FILED  
00 FEB 17 AM 9:13  
TALLAHASSEE, FLORIDA  
STATE DEPT. OF STATE

**NOTE:** Please provide the original and one copy of the articles.

C.C.

ARTICLES OF INCORPORATION  
OF

MEDICAL REIMBURSEMENT SERVICES OF FLORIDA, INC.

FILED  
00 FEB 17 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

MEDICAL REIMBURSEMENT SERVICES OF FLORIDA, INC.

The address of the principal office of this corporation shall be 38511 US-19 North, Palm Harbor, FL 34684 and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the State of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1135 Pasadena Avenue South, Suite 140, St Petersburg, Florida 33707, and the name of the initial registered agent of the corporation at that address is Robert J. Myers.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have two (2) officers and one (1) director initially. The names and street addresses of the initial officers and director who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Michael B. Osadchey President/Treasurer/ Secretary/Director	38511 US-19 North Palm Harbor, FL 34684
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Beverley L. Johnson-Key Vice President	38511 US-19 North Palm Harbor, FL 34684
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ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Robert J. Myers  
Akerson Law Offices  
1135 Pasadena Avenue South  
Suite 140  
St Petersburg, Florida 33707

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 16<sup>TH</sup> day of February, 2000.

By:   
ROBERT J. MYERS, Incorporator

**CERTIFICATE OF DESIGNATION OF  
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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

MEDICAL REIMBURSEMENT SERVICES OF FLORIDA, INC.

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

Robert J. Myers, Esq.

(Name)

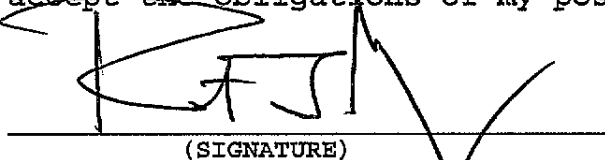
1135 Pasadena Avenue South, Suite 140

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

St Petersburg, FL 33707

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(SIGNATURE)

2-16-2000  
(DATE)

FILED  
00 FEB 17 AM 9:13  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA