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TRANSMITTAL LETTER FILED

00 FEB 29 PM 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Medical Receivables, Inc.
(Proposed corporate name - must include suffix)

200003152202--0
-03/01/00--01008--003
*****87.50 *****87.50

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: Michael D. Massey
Name (Printed or typed)

325 State Road 26
Address

Melrose, FL 32666
City, State & Zip

352-475-1424
Daytime Telephone number

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

7/3/7/2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Medical Receivables, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

325 State Road 26/Post Office Box 2000
Melrose, FL 32666

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Purchase and collection of medical receivables.

ARTICLE IV SHARES

The number of shares of stock is:

500 (Five Hundred)

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Michael D. Massey - President
325 State Road 26
Melrose, FL 32666

Catherine M. Massey - Sec/Treas
325 State Road 26
Melrose, FL 32666

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:


Michael D. Massey
325 State Road 26
Melrose, FL 32666

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Michael D. Massey
325 State Road 26
Melrose, FL 32666

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/Registered Agent



Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/28/00

Date

2/28/00

Date