August 15, 2000

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

Re:

Articles of Incorporation for

Professional Claims Services, Inc.

Dear Sir/Madam:

I enclose the original and one copy of the Articles of Incorporation for Professional Claims Services, Inc., along with a check for \$78.50 (\$70.00 filing fee, plus \$8.50 for a certified copy). I also enclose a self-addressed stamped envelope for your convenience.

Thank you for your assistance in this regard.

Cordially yours,

Jeffrey E. Appel

JEA/ns Enclosures

LAW OFFICES

HARBSMEIER, DEZAYAS, APPEL & HERNANDEZ, LLP

5120 South Lakeland Drive, Suite 3 Post Office Box 6455 (33807) LAKELAND, FLORIDA 33813

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PROFESSIONAL CLAIMS SERVICES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be:

701 Northwest 62nd Street, Suite 201 Fort Lauderdale, Florida 33309-2045

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jeffrey E. Appel 701 Northwest 62nd Street, Suite 201 Fort Lauderdale, Florida 33309-2045

ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation is:

Jeffrey E. Appel 701 Northwest 62nd Street Suite 201 Fort Lauderdale, Florida 33309-2045 Karol Nichole Shirley 701 Northwest 62nd Street Suite 201 Fort Lauderdale, Florida 33309-2045

The undersigned incorporators have executed these Articles of Incorporation this 15th day of August, 2000.

Signature

Signature

Manal N. Sharley

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:

PROFESSIONAL CLAIMS SERVICES, INC.

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

Jeffrey E. Appel 701 Northwest 62nd Street, Suite 201 Fort Lauderdale, Florida 33309-2045

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.