

P00000109013

TRANSMITTAL LETTER

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 NOV 20 AM 8:20

FILED

SUBJECT: Medistat Claims Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

Nancy Ceran, RN  
Name (Printed or typed)

13742 SW 26 street  
Address

Miramar FL 3302  
City, State & Zip

(954) 442-4210  
Daytime Telephone number

700003470677--3  
11/20/00--01119--015  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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

F. CHESNEY NOV 22 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:

medistat Claims, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

13742 SW 26<sup>th</sup> street  
Miramar, FL 33027

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Physician medical claims processing business

**ARTICLE IV SHARES**

The number of shares of stock is:

10

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Nancy Ceran, RN  
#3

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Nancy Ceran, RN  
13742 SW 26 street  
Miramar, FL 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Nancy Ceran RN  
13742 SW 26 street  
Miramar, FL 33027

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Nancy Ceran RN  
Signature/Registered Agent

11/17/00  
Date

Nancy Ceran RN  
Signature/Incorporator

11/17/00  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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