**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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# ARTICLES OF INCORPORATION

**OF** 

# MEDICAL RISK SOLUTIONS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 is MEDICAL RISK SOLUTIONS, INC.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1580 N.W. Boca Raton Blvd., Ste. 4, Boca Raton, FL 33432.

# ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of \$1.00 per share.

# ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Barry S. Mittelberg, 8100 North University Drive, Ft. Lauderdale, FL 33321.

### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is:

Steven Finver - President

Leon Finver - Vice President

Linda Finver - Secretary

1580 N.W. Boca Raton Blvd., Ste. 4, Boca Raton, FL 33432.

The undersigned has executed these Articles of Incorporation this 8th day of June, 2001.

"Capital Connection, Inc. by A. Kim Clemons, Client Representative"

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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	ដែន១៩	σ£	the	corpo	ration	is:	MEDIO	CAL	RISK	SOLU	TIONS,	INC.
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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.

BARRY S. MITTLEBERG