

PO2000015890

ALEXANDER
& CO., P.A.

CERTIFIED PUBLIC ACCOUNTANTS

January 28, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32301

FILED
02 FEB -7 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000004083310--0
-02/07/02-01025-015
***122.50 ***78.75

Gentlemen:

Enclosed are the Articles of Incorporation for Professional Medical Claims Service, Inc. and a check for \$122.50 to cover the following:

Filing Fee	\$ 35.00
Registered Agent Fee	35.00
Certified Copy of	
Articles of Incorporation	<u>52.50</u>

\$122.50

Thank you for your attention to this matter.

Very truly yours,



William O. Alexander

Enclosures

ARTICLES OF INCORPORATION

The undersigned, acting as incorporators under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

1. The name of the corporation is PROFESSIONAL MEDICAL CLAIMS SERVICE, INC. whose mailing address is 3315 Foxridge Circle, Tampa FL 33618.
2. The period of its duration is perpetual.
3. The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.
4. The corporation shall have authority to issue 1000 shares, all of one class, \$1.00 par value.
5. The address of its initial registered office is 3315 Foxridge Circle, Tampa, FL 33618 and the name of the registered agent at said address is Mary Schoeneck..
6. The number of directors constituting its initial Board of Directors is two (3) whose names and addresses are:

NAME	ADDRESS
Mary Schoeneck	3315 Foxridge Circle Tampa FL 33618
John D. Henry	7021 Peggy Maclane New Port Richey FL 34653
Stephen Schoeneck	3315 Foxridge Circle Tampa FL 3618

7. The names and addresses of the incorporators are:

NAME	ADDRESS
Mary Schoeneck	3315 Foxridge Circle Tampa FL 33618
John D. Henry	7021 Peggy Maclane New Port Richey FL 34653

Stephen Schoeneck

3315 Foxridge Circle
Tampa FL 3618

SIGNATURE OF INCORPORATORS

Mary Schoeneck
Steve Schoeneck
John Henery

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB -7 PM 1:03

FILED

I, Mary Schoeneck, accept the designation as registered agent for
Professional Medical Claims Service, Inc..

Mary Schoeneck
Mary Schoeneck

Dated December 27, 2001

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Before me, the undersigned authority, personally appeared Mary Schoeneck, John Henery, and Stephen Schoeneck who are well known to be the persons described in and who subscribed the above Articles of Incorporation, and they do freely and voluntarily acknowledge before me according to law that they made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Tampa, Florida in said county, state this 28th day of January 2002.

William O. Alexander
William O. Alexander
Commission # DD 063601
Expires Nov. 14, 2005
Bonded Thru
Atlantic Bonding Co., Inc.