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02 MAR -8 AM 10: 58

TRANSMITTAL LETTER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

300005072663--4  
-03/08/02--01035--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: MEDICAL INSURANCE INFORMATION SERVICES, 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      \$78.75  
Filing Fee      Filing Fee  
                         & Certificate

FROM: ROBERTA VOGEL  
Name(Printed or typed)

42 ANN LEE LANE  
Address

TAMARAC, FL 33319  
City, State & Zip

(954) ~~221-9380~~ 722-2122  
Daytime Telephone number

CB 3-15

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

MEDICAL INSURANCE INFORMATION SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

42 ANN LEE LANE  
TAMARAC, FL 33319

**ARTICLE III SHARES**

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

5000 common shares, par value \$1.00 per share

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

ROBERTA VOGEL  
42 ANN LEE LANE  
TAMARAC, FL 33319

**ARTICLE V**  
**INCORPORATOR(S)**  
**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ROBERTA VOGEL  
42 ANN LEE LANE  
TAMARAC, FL 33319

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 5 day of Feb., 2002.  
(An additional article must be added if an effective date is requested.)

Roberta K. Vogel  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: MEDICAL INSURANCE INFORMATION SERVICES, INC.

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

ROBERTA VOGEL  
(Name)

42 ANN LEE LANE  
(P.O. Box or Mail Drop Box **NOT** Acceptable)

TAMARAC, FL 33319  
(City/State/Zip)

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.

Roberta K Vogel  
(Signature)

Feb 5, 2002  
(Date)