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FILED

TRANSMITTAL LETTER

02 MAR -8 AM 10: 58

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**



**CERTIFICATE  
OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE, FLORIDA

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)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314