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Florida Department of State

Division of Corporations  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 22 AM 9:19

FLORIDA PROFIT CORPORATION OR P.A.

Medical Benefits Assistance, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION  
OF  
MEDICAL BENEFITS ASSISTANCE, INC.**

The undersigned, acting as incorporator of a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation:

**ARTICLE I. NAME**

The name of this corporation is Medical Benefits Assistance, Inc.

**ARTICLE II. PRINCIPAL OFFICE OR MAILING ADDRESS OF CORPORATION**

The street address of the Corporation's principal office of this corporation is: 3496  
Bloomington Place, The Villages, Florida 32162. The mailing address of this corporation is: 3496  
Bloomington Place, The Villages, Florida 32162.

**ARTICLE III. CAPITAL STOCK**

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

Five thousand (5,000) shares of common stock all of one class, having a nominal or  
par value of ONE CENT (\$.01) per share.

**ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered agent of this corporation is 3496 Bloomington  
Place, The Villages, Florida 32162. The name of the initial registered agent of this corporation at  
that address is Joe B. Williams.

**ARTICLE V. INCORPORATOR**

The name and address of the Incorporator is Joe B. Williams, 3496 Bloomington Place, The  
Villages, Florida 32162.

**ARTICLE VI. AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these

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11:00 AM  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 22 AM 9:10

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Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

**ARTICLE VII. INDEMNIFICATION**

The Corporation shall indemnify its officers and directors to the fullest extent permitted by the Florida Business Corporation Act.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 22<sup>nd</sup> day of Oct., 2002.

Joe B. Williams  
Incorporator

**ACCEPTANCE BY REGISTERED AGENT:**

I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION.

Joe B. Williams

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 22 day of October, 2002, by Joe B. Williams, Incorporator, who did not take an oath.

Vivian M. Grecco  
NOTARY PUBLIC-STATE OF FLORIDA  
(Signature of Notary)

**VIVIAN M. GRECCO**

(Typed name of Notary)



(Commission Number)

Personally known        or         
Produced Identification ✓

Type of Identification  
Produced: FL DRIVERS License

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