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TRANSMITTAL LETTER

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

SUBJECT: Pr	o Fessional Reimbu	rsement Specia	Dots, Inc.	
SUBJECT: Professional Reimbursement Specialists Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status	
FROM:	Ricky Lockett Name (Printed or typed)			
2395 Old Coach Trail Address				
Clearwaten FL. 33765 / City, State & Zip				
727 - 896 - 8686 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

The name of the corporation shall be: Professional Reinhursement Specialists, Jac., Incl., Inc., Incl., Inc., Incl., Inc., Incl., Inc., Incl., Inc., Inc., Inc., Incl., Inc., Inc	ARTICLE I NAME	03 MAR -4 PM 1:56
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1501 Fifth Ave. North ST. Iclass larg., FL. 33705 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Medical Billiam Services. ARTICLE IV SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Ricky Lockett Cfres; last) 2345 010 Gard Tunil Clearwaten, fl. 33765 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registored agent is: Ricky Lockett 2345 01N Canch Tunil Clearwaten, fl. 33765 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ricky Lockett 2315 01N Card Tunil Clearwaten, fl. 33765 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ricky Lockett 2315 01N Card Tunil Clearwaten, fl. 37765 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this cardificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature Registered Agent Date 1/1/1/3	The name of the corporation shall be:	
The principal place of business/mailing address is: 1501 Fift New North ST. Petersburg, P.C. 33705 ARTICLE II PURPOSE The purpose for which the corporation is organized is: Medical Billish Services. ARTICLE IV SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Ricky Lockett CPresident) 2345 010 Genet Turil Clernwaten, F.C. 37765 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Ricky Lockett 2345 010 Genet Turil Clernwaten, F.C. 37765 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Picky Lockett 2315 010 Genet Turil Clernwaten, F.C. 37765 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Picky Lockett 2315 010 Genet Turil Clernwaten, F.C. 37765 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Like Latert Signature Registered Agent Date Like Latert 1/163	Professional Reinbursement Specialists, Inc.	TALLAHASSEE, FLORIDA
1501 Fifth Nee, North ST. Identiburg, PL. 33705 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Medical Billing Services. ARTICLE IV SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Ricky Lockett Chrosicust) 2315 010 Game Turil Clerewater, fl. 37765 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Ricky Lockett 2355 010 Game Turil Clerewater, fl. 37765 ARTICLE VI REGISTERED AGENT The name and address of the incorporator is: Ricky Lockett 2375 010 Game Turil Clerewater, fl. 37765 ARTICLE VI INCORPORATOR The name and address of the incorporator is: Ricky Lockett 2275 010 Game Turil Clerewater, fl. 37765 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this cardificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Aid Cellery Signaphire Registered Agent Aid Signaphire Registered Agent Aid State 7/163	ARTICLE II PRINCIPAL OFFICE	
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2295 O(1) Circl TNAN Claranter P7. 93765 ***********************************	The <u>name and address</u> of the Incorporator is:	
Curpurful PT. 9.7765 **********************************	Pirky Lockett	
Curpuntum PT. 3.7165 ***********************************	2215 Old Cont TRAil	
Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent 3/1/43 Date 3/1/43 Air Love 3/1/43 Ai	Clipunten Pt. 87765 ***********************************	********
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Signature/Incorporator Date	1: / 4	71.19
Signature medipotator	Sign Street Incorporator	2 (146 5 Date
	Signature incorporator	Dute

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)