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(Requestor's Name)

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(City/State/Zip/Phone #)

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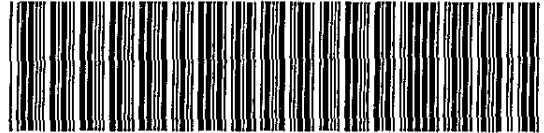
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 JUN 27 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

40  
7/2/03

## TRANSMITTAL LETTER

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

SUBJECT: HEALTH CARE AUDITORS OF AMERICA, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

ALTA  
CATHERINE HENNESSY

Name (Printed or typed)

(HENNESSY)

13596 FEATHER SOUND CIRCLE WEST # 2104

Address

CLEARWATER, FLORIDA 33762

City, State & Zip

(727) 572-5004

Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**FILED**

03 JUN 27 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HEALTH CARE AUDITORS OF AMERICA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

500 TRINITY LANE # 6213, ST. PETERSBURG, FLORIDA 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LITIGATION SUPPORT SERVICES, EXPERT WITNESS SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

10,000 TEN THOUSAND

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CATHERINE J. HENNESSY  
13596 FEATHER SOUND CIRCLE WEST #2104  
CLEARWATER, FLORIDA 33762

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CATHERINE J. HENNESSY  
13596 FEATHER SOUND CIRCLE WEST #2104  
CLEARWATER, FLORIDA 33762

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CATHERINE J. HENNESSY  
500 TRINITY LANE #6213, ST. PETERSBURG, FLORIDA 33716

\*\*\*\*\*

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

I.

Catherine J. Hennessy  
Signature/Registered Agent

6/22/03  
Date

Catherine J. Hennessy  
Signature/Incorporator

6/22/03  
Date