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(Requestor's Name)

(Address)

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TRANSMITTAL LETTER

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

SUBJECT: MANAGED CARE EXPERTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: JORGE A. ALVAREZ
Name (Printed or typed)

2210 COUNTRY CLUB PRADO
Address

CORAL GABLES, FL 33134
City, State & Zip

305-756-7081
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)

ARTICLE I NAME

The name of the corporation shall be: MANAGED CARE EXPERTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2210 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGED CARE CONSULTANTS

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JORGE A. ALVAREZ
2210 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is: JORGE A. ALVAREZ
2210 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JORGE A. ALVAREZ
2210 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

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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

Signature/Registered Agent — Date: 9-19-03

Signature/Incorporator — Date: 9-19-03