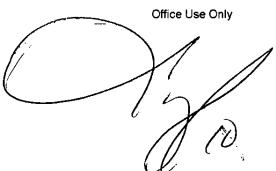
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MANAGED CARE RECOVERY, INC.

ARTICLE II PRINCIPAL OFFICE

The prinicipal place of business and mailing address of this corporation shall be:

MANAGED CARE RECOVERY, INC. 521 9th Street Port St Joe, FL 32456

ARTICLE III SHARES

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

1,000 Shares at no Par Value

ARTICLE IV INTIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jeannette Amerson 521 9th Street Port St Joe, FL 32456

ARTICLE V INITIAL OFFICERS AND IDRECTORS

The names and addresses and titles to these Articles of Incorporation are:

Jeannette Amerson- President 521 9th Street Port St Joe, FL 32456 "OFFEB-6 AH 8: 24
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ARTCILES VI INCORPORATORS

The names and addresses of the incorporators to these Articles of Incorporation are:

Jeannette Amerson 521 9th Street Port St Joe, FL 32456

The undersigned incorporators have executed these Articles of Incorporation this 1st day of February, 2006

eannette Amerson - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED ADDRESS

- 1. The name of the Corporation is Managed Care Recovery, Inc.
- 2. The and address of the registered agent and office is:

Jeannette Amerson 521 9th Street Port St Joe, FL 32456

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 the statues relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

eannette Amerson - Signature

February 1, 2006 Date

