

P95000005296

Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Date: 1/16/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 2:04

SUBJECT: MEDCLAIMS PLUS INC.

Enclosed is an original and one (1) copy of the Articles of
Incorporation and a check for \$70.00

R. Gill

FROM:
Richard Gill, 5047 Pointe Emerald Lane, Boca Raton, FL, 33486
(407) 447-9661

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION
OF

MEDCLAIMS PLUS INC.

The undersigned incorporator, 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: Medclaims Plus Inc.

ARTICLE II PRINCIPAL OFFICE

The principal office of business and mailing address of this corporation shall be: 5047 Pointe Emerald Lane, Boca, Raton, FL, 33486

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to issue: One Hundred.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Richard Gill, 5047 Pointe Emerald Lane, Boca Raton, FL, 33486.

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Richard Gill, 5047 Pointe Emerald Lane, Boca Raton, FL, 33486

The undersigned incorporator has executed these Articles of Incorporation this 16th day of January, 1995



Signature

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 607.0505, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Medclains Plus Inc.
2. The name and address of the registered agent and office is:
Richard Gill, 5047 Pointe Emerald Lane, Boca Raton, FL,
33486.

Having been named as the 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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

R Gill

Signature