

**P95000013864**

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

**Subject: PROVIDER REIMBURSEMENT SYSTEMS, INC.**

(Proposed corporate name - must include suffix)

Enclosed is an original and (1) copy of the articles of incorporation and a check for \$122.50 For the Filing Fee and A Certified Copy.

**From: PROVIDER REIMBURSEMENT  
SYSTEMS, INC.  
PO BOX 13732  
ST. PETERSBURG, FL 33733  
(813) 525-6802**

800001408328  
-02/17/95--01083--002  
\*\*\*122.50 \*\*\*122.50

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

SAC

**ARTICLES OF INCORPORATION  
OF**

**PROVIDER REIMBURSEMENT SYSTEMS, INC.**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

*The name of the corporation shall be:*

**PROVIDER REIMBURSEMENT SYSTEMS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**BUSINESS ADDRESS:  
5008 PENNSBURY DR.  
TAMPA, FL 33624**

**MAILING ADDRESS:  
P.O. BOX 13732  
ST. PETERSBURG, FL 33733**

**ARTICLE III SHARES**

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

**10,000 (TEN THOUSAND)**

**ARTICLE IV INITIAL REGISTERED AGENT AND  
STREET ADDRESS**

*The name and address of the initial registered agent is:*

**KAREN HOLLOWELL  
3826 ALABAMA AVENUE  
ST. PETERSBURG, FL 33703**

95 FEB 17 AM 8:06

FILED  
CLERK OF DISTRICT COURT  
ST. PETERSBURG, FLORIDA

**ARTICLE V INCORPORATOR(S)**

*The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is (are):*

KAREN HOLLOWELL  
3826 ALABAMA AVENUE  
ST. PETERSBURG, FL 33733

JOANNE LAVALLE  
5008 PENNSBURY DR.  
TAMPA, FL 33624

PATRICIA SANTANIELLO  
16223 W. COURSE DR.  
TAMPA, FL 33624

*The undersigned incorporator(s) has(have) executed these Articles of Incorporation this*

1ST Day of JANUARY, 19 95.

*Karen C. Hollowell*  
*Patricia A. Santaniello*  
*Joanne M. Lavalle*

**Articles of Incorporation**  
**Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT ,  
IN THE STATE OF FLORIDA.

1. The name of the corporation is:

**PROVIDER REIMBURSEMENT SYSTEMS, INC.**

2. The name and address of the registered agent and office is:

**KAREN HOLLOWELL  
3826 ALABAMA AVENUE  
ST. PETERSBURG, FL 33703**

*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 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.*

*Karen C. Hollowell*  
(Signature)

*January 1, 1995*

**DIVISION OF CORPORATIONS  
P.O. BOX 6327, TALLAHASSEE, FL**

55 FEB 17 AM 8:06