

YDWWK41069

TRANSMITTAL LETTER

SECRET
TALLAHASSEE, FLORIDA
MAR 8 - 9 AM 8:55
101-1110

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

FOURTH FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: HEALTH CARE CLAIMS SERVICE, INC.
(Proposed Corporate Name)

Enclosed is an original and one (1) copy of the articles/registered agent and a check for \$131.25 (for filing fees, certified copy & certificate).

FROM: EDWARD R. EHRLMANN
560 SYLVIA ROAD
WEST MELBOURNE, FL 32904
(407) 676-4718

3/8/95
TS

ARTICLES OF INCORPORATION

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

FILED
MAR - 6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I Name

The name of the corporation shall be:

HEALTH CARE CLAIMS SERVICE, INC.

Article II Principal Office

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

560 SYLVIA ROAD
WEST MELBOURNE
FL. 32904

ARTICLE III SHARES

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

1000 SHARES OF NO PAR VALUE , COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDWRD R. EHRMANN
560 SYLVIA ROAD
WEST MELBOURNE, FL.
32904

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

EDWARD R. EHRLMANN
560 SYLVIA ROAD
WEST MELBOURNE, FL.
32904

The undersigned incorporator has executed these Articles of Incorporation this 2nd day of March, 1995.

A handwritten signature in dark ink, appearing to read "Ed. R. Ehrmann", is written over a horizontal line.

**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
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.


1. The name of the corporation is;

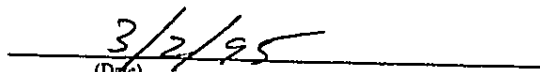
HEALTH CARE CLAIMS SERVICE, INC.

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

EDWARD R. EHRLMANN
560 SYLVIA ROAD
WEST MELBOURNE, FL.
32904

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.


(Signature)


(Date)