

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

95 MAR 29 11:10
 DIVISION OF REVENUE

3/29/95

| REQUEST | TAKEN | CONFIRMED | APPROVED |
|--------------------|-------|-----------|--------------|
| DATE _____ | _____ | _____ | _____ |
| TIME _____ | _____ | _____ | CK No. _____ |
| BY <i>SL</i> _____ | _____ | _____ | _____ |

WALK-IN Will Pick Up *321* *11/20*

RE: Wood Medickarm Service, Inc

| | C.C. FEE. | DISBURSED |
|-------------------------------------------------------|-----------|-----------|
| <input type="checkbox"/> Capital Express™ | _____ | _____ |
| <input checked="" type="checkbox"/> Art. of Inc. File | _____ | _____ |
| <input type="checkbox"/> Corp. Record Search | _____ | _____ |
| <input type="checkbox"/> Ltd. Partnership File | _____ | _____ |
| <input type="checkbox"/> Foreign Corp. File | _____ | _____ |
| <input checked="" type="checkbox"/> () Cert. Copy(s) | _____ | _____ |
| <input type="checkbox"/> Art. of Amend. File | _____ | _____ |
| <input type="checkbox"/> Dissolution/Withdrawal | _____ | _____ |
| <input type="checkbox"/> C U S- | _____ | _____ |
| <input type="checkbox"/> Fictitious Name File | _____ | _____ |
| <input type="checkbox"/> Name Reservation | _____ | _____ |
| <input type="checkbox"/> Annual Report/Reinstatement | _____ | _____ |
| <input type="checkbox"/> Reg. Agent Service | _____ | _____ |
| <input type="checkbox"/> Document Filing | _____ | _____ |
| <input type="checkbox"/> Corporate Kit | _____ | _____ |
| <input type="checkbox"/> Vehicle Search | _____ | _____ |
| <input type="checkbox"/> Driving Record | _____ | _____ |
| <input type="checkbox"/> Document Retrieval | _____ | _____ |
| <input type="checkbox"/> UCC 1 or 3 File | _____ | _____ |
| <input type="checkbox"/> UCC 11 Search | _____ | _____ |
| <input type="checkbox"/> UCC 11 Retrieval | _____ | _____ |
| <input type="checkbox"/> File No.'s, _____ Copies | _____ | _____ |
| <input type="checkbox"/> Courier Service | _____ | _____ |
| <input type="checkbox"/> Shipping/Handling | _____ | _____ |
| <input type="checkbox"/> Phone () _____ | _____ | _____ |
| <input type="checkbox"/> Top Priority | _____ | _____ |
| <input type="checkbox"/> Express Mail Prep. | _____ | _____ |
| <input type="checkbox"/> FAX () _____ pgs. | _____ | _____ |
| SUBTOTALS | _____ | _____ |

200001442553
 03/29/95-01013-014
 ***122.50 ***122.50

| | |
|--------------------------------|----------|
| FEE..... | \$ _____ |
| DISBURSED..... | \$ _____ |
| SURCHARGE..... | \$ _____ |
| TAX on corporate supplies..... | \$ _____ |
| SUBTOTAL..... | \$ _____ |
| PREPAID..... | \$ _____ |
| BALANCE DUE..... | \$ _____ |

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF
WARD MEDICLAIM SERVICE, INC.

FILED
95 MAR 29 PM 1:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

In compliance with the requirements of Florida Statute Chapter 607, the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following Articles of Incorporation for the purpose of organizing a for-profit business corporation.

ARTICLE I
Name

The name of this corporation is: **WARD MEDICLAIM SERVICE, INC.**

ARTICLE II
Term of Existence

This corporation shall commence as of the date of the filing of these Articles with the Secretary of State and shall have perpetual existence.

ARTICLE III
Principal Office

The principal place of business and mailing address of this corporation is 2942 Jeanette Cove, Oviedo, Florida 32765.

ARTICLE IV
Nature of Business

This corporation is organized for the purpose of conducting any lawful activity or business in Florida, the United States of America, or throughout the world.

ARTICLE V
Capital Structure

A. The maximum number of shares of stock that this corporation is authorized to issue is **One Hundred (100) shares**, all of which shall be Common Shares with a par value of One Dollar (\$1.00) each.

B. All Common Shares shall be identical with each other in

every respect and the holders thereof shall be entitled to one vote for each share upon all matters on which shareholders have the right to vote.

ARTICLE VI

Initial Registered Agent and Registered Office

A. The initial registered agent of this corporation shall be Carla S. Stanford, Attorney at Law.

B. The street address of the initial registered office of this corporation, which is identical with the business address of the registered agent, is 500 East Altamonte Drive, Suite 210, Altamonte Springs, Florida 32701.

ARTICLE VII

Incorporator

The name and address of the incorporator is Carla S. Stanford, Attorney at Law, 500 East Altamonte Drive, Suite 210, Altamonte Springs, Florida 32701.

ARTICLE VIII

Initial Board of Directors

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time in accordance with the Bylaws, but shall never be less than one (1). The initial directors of this corporation are: W. Jay Ward and Gail W. Ward, the address for both directors is 2942 Jeanette Cove, Oviedo, Florida 32765.

ARTICLE IX

Indemnification

This corporation shall indemnify any officer or director, or former officer or director, to the full extent permitted by law.

ARTICLE X

Preemptive Rights

The shareholders of this corporation shall be and are hereby vested with preemptive rights as to their shareholdings in this corporation. Accordingly, every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he or she already holds, shall have the right to purchase his or her pro rata share thereof, as nearly as

may be done without the issuance of fractional shares, at the price at which the shares are offered to others.

ARTICLE XI Shareholders

The initial shareholders of this corporation are:

| Name: | Shares: | Percent: |
|--------------|-----------|------------|
| W. Jay Ward | 75 | 75% |
| Gail W. Ward | <u>25</u> | <u>25%</u> |
| | 100 | 100% |

IN WITNESS WHEREOF, the undersigned incorporator executed these Articles of Incorporation this 28th day of March, 1995.

Carla S. Stanford
CARLA S. STANFORD
Attorney at Law

STATE OF FLORIDA
COUNTY OF SEMINOLE

Before me personally appeared Carla S. Stanford, Attorney at Law, to me well known and known to me to be the individual described in and who executed the foregoing, and acknowledged before me that she executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the county and state named above this 28th day of March, 1995.

Janis J. Clark
Janis J. Clark
Notary Public
My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: Nov. 12, 1995
BONDED THIRD NOTARY PUBLIC

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
WARD MEDICLAIM SERVICE, INC.**

Pursuant to the provisions of section 607.0501, 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: **WARD MEDICLAIM SERVICE, INC.**
2. The name and address of the registered agent and office is:

Carla S. Stanford, Attorney at Law
500 East Altamonte Drive, Suite 210
Altamonte Springs, Florida 32701

Carla S. Stanford
CARLA S. STANFORD
Incorporator
WARD MEDICLAIM SERVICE, INC.

Date: March 28, 1995

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.

Carla S. Stanford
CARLA S. STANFORD
ATTORNEY AT LAW

Date: March 28, 1995