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TRANSMITTAL LETTER

RECEIVED
APR 13 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: MEDICAL CLAIMS MANAGEMENT INC.
(Proposed corporate name - must include suffix)

Enclosed is a original and one (1) copy of the articles of Incorporation and a check for:

 \$70.00 \$78.75 \$122.50 X \$131.25

FROM: KENNETH CHARLES SUERETH
Name (printed or typed)

200 MADONNA BLVD.
Address

TIERRA VERDE FL, 33715
City, State & Zip

813 / 864 - 3229
Daytime Telephone number

200001436092
04/13/95 -01002--011
***131.25 ***131.25

4/19/95
AA

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

ARTICLES OF INCORPORATION
OF

MEDICAL CLAIM MANAGEMENT, INC.

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

FILED
95 APR 13 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MEDICAL CLAIM MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

200 MADONNA BLVD., TIERRA VERDE FL, 33715

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KENNETH CHARLES SUERETH
200 MADONNA BLVD., TIERRA VERDE FL, 33715


ARTICLE V INCORPORATOR(S)

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

KENNETH CHARLES SUERETH
200 MADONNA BLVD., TIERRA VERDE FL, 33715

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation

this 12 th day of April, 1995.

 4/12/95
(Signature)

(Signature)

(Signature)

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

1. The name of the corporation is: MEDICAL CLAIMS MANAGEMENT INC.

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

KENNETH CHARLES SUERETH

(Name)

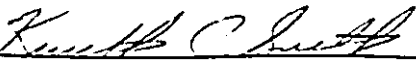
200 MADONNA BLVD.

(P.O. Box not acceptable)

TIERRA VERDE FL, 33715

(City/State/Zip)

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)

4/12/95
(Date)