

P950003853
TRANSMITTAL LETTER

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

SUBJECT: MediClaim Specialists, Incorporated
(Proposed corporate name - must include suffix)

100001487611
-05/15/95--01081--002
*****70.00 *****70.00

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

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: Evelyn M. Tavis
Name (printed or typed)

12359 Drayton Dr.
Address

Spring Hill, FL 34609
City, State & Zip

904-686-5009
Daytime Telephone number

5/16/95
TB

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

ARTICLES OF INCORPORATION

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:

MediClaim Specialists, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

12359 Drayton Dr.
Spring Hill, FL 34609

ARTICLE III SHARES

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

one thousand (1,000) shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Evelyn M. Taris
12359 Drayton Dr.
Spring Hill, FL 34609

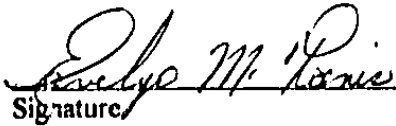
SECRET
JAN 13 1961
11 7:50 AM
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-13-61 BY 11750

ARTICLE V INCORPORATOR(S)

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

Evelyn M. Taris
12359 Drayton Dr.
Spring Hill, FL 34609

The undersigned incorporator(s) has(hav-) executed these Articles of Incorporation this 8th day of May, 1995.


Signature

**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.

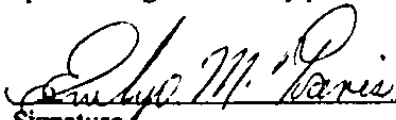
1. The name of the corporation is:

MediClaim Specialists, Incorporated.

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

Evelyn M. Taris
12359 Drayton Dr.
Spring Hill, FL 34609

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

ARTICLES OF INCORPORATION

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.

RECEIVED
SECRETARY OF STATE
TALLAHASSEE
FLORIDA
JAN 15 1980

ARTICLE I NAME

The name of the corporation shall be:

MediClaim Specialists, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

12359 Drayton Dr.
Spring Hill, FL 34609

ARTICLE III SHARES

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

one thousand (1,000) shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Evelyn M. Taris
12359 Drayton Dr.
Spring Hill, FL 34609

ARTICLE V INCORPORATOR(S)

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

Evelyn M. Taris
12359 Drayton Dr.
Spring Hill, FL 34609

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8th day of May, 1995.


Signature

**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.

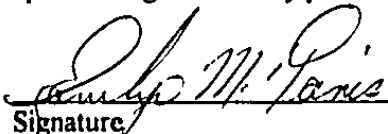
1. The name of the corporation is:

MediClaim Specialists, Incorporated

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

Evelyn M. Taris
12359 Drayton Dr.
Spring Hill, FL 34609

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