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TRANSMITTAL LETTER

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

Subject: Health Insurance Consultants, INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$75.00.

**FROM: Ann E. Martin
P.O. Box 57124
Jacksonville, Florida 32241-7124

(904) 636-9145**

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*****75.00 *****75.00

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

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**ARTICLES OF INCORPORATION
OF
HEALTH INSURANCE CONSULTANTS, INC.**

The undersigned incorporator(s), for 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:

HEALTH INSURANCE CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

**P.O. Box 57124
Jacksonville, Florida 32241-7124**

ARTICLE III SHARES

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

150 Shares

ARTICLE IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

**June Vanderheiden
12072 Cheyenne Court
Jacksonville, Florida 32223**

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ARTICLE V INCORPORATOR(S)

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

**Alexia E. King
11527 Pelham Court
Jacksonville, Florida 32223-1365**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this **6th** day of **June, 1995**.

Alexia E. King
(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:

HEALTH INSURANCE CONSULTANTS, INC.

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

**June Vanderheiden
12072 Cheyenne Court
Jacksonville, Florida 32223**

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**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)