

P95000055952

TRANSMITTAL LETTER

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

RECEIVED
JUL 17 1995
TALLAHASSEE, FL

SUBJECT: Reimbursement Solutions, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: 70.00

XX \$78.75 \$122.50 \$131.25

From: John E. Watkins
11759 96th Place North
Seminole, Florida 34642
(813)399-1507

FILED
95 JUL 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. REGISTER JUL 19 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 26, 1995

JOHN E. WATKINS
P. O. BOX 4367
SEMINOLE, FL 34645-1367

The name REIMBURSEMENT SOLUTIONS, INC. has been reserved for 120 days beginning June 26, 1995. The reservation number is R95000002827 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lanham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Tammy Hampton

Letter number: 695A00031094

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 Article of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Reimbursement Solutions, Inc.

FILED
95 JUL 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

Principal place: 11759 96th Place North
Seminole, Florida 34642

Mailing Address: 11759 96th Place North
Seminole, Florida 34642

ARTICLE III SHARES

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

10,000

ARTICLE IV INCORPORATOR(S)

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

John E. Watkins
11759 96th Place North
Seminole, Florida 34642

ARTICLE V OFFICERS OF THE INCORPORATION

President: Robert W. Haller
Vice President: John E. Watkins

The undersigned incorporator has executed these Articles of Incorporation this 11th day of July, 1995 .

John E. Watkins
Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE


FILED
95 JUL 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Reimbursement Solutions, Inc.
2. The name and address of the registered agent and office is:

John E. Watkins
11759 96th Place North
Seminole, Florida 34642
(813)399-1507

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

7-11-45
Date