

P96000022197

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 \$ _____

W96-5312
PH 3/12/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	3/11		
TIME	2:00P		CK No. _____
BY	<i>[Signature]</i>		

WALK-IN
 Will Pick Up _____

RE: *Stat Medical Records*
 STAT MEDICAL RECORDS SPECIALISTS, INC.
 96 MAR 22 AM 11:00

SECRETARY OF THE STATE DISBURSED
 TALLAHASSEE, FLORIDA

<input checked="" 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"/>	Part: Copy(n)	
<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/Restatement	
<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.	

*****738888
 03/11/96--01053--015
 *****70.00 *****70.00

SUBTOTALS

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

THANK YOU
 from



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 11, 1996

CAPITAL CONNECTION, INC.
P O BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: ~~STAT MEDICAL BILLING INC.~~
Ref. Number: W96000005312

We have received your document for STAT MEDICAL ^{CLAIMS SPECIALISTS, Inc} ~~BILLING INC.~~ and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 096A00010758

*Corrected
Thank-you, Pam.*

ARTICLES OF INCORPORATION
FOR

STAT MEDICAL CLAIMS SPECIALISTS, INC.

FILED

96 MAR 12 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation hereby form a corporation under the laws of the State of Florida.

ARTICLE I
Corporation Name

The name of the corporation is : STAT Medical Claims Specialists, Inc.

ARTICLE II
Duration

This corporation shall exist perpetually, unless other wise dissolved according to Florida law.

ARTICLE III
Purpose

The purpose of this corporation is to conduct normal business activities as permitted under the laws of the State of Florida.

ARTICLE IV
Capital Stock

This corporation is authorized to issue 100 shares of common stock having a normal par value of \$ 1.00.

ARTICLE V
Election

The corporation elects organization under subchapter "S". The board of directors shall be required to forever maintain this status.

ARTICLE VI
Initial Registered Agent and Office

The name and street address of the Registered Agent of this corporation is :

Chris Frederick Hegel
1903 Frank Place
South Daytona, Florida 32119

The mailing address of this corporation is :

1903 Frank Place
Daytona Beach, Florida 32119

ARTICLE VII
Initial Incorporators

The names and street addresses of the initial Board Incorporators are:

Chris Frederick Hegel
1903 Frank Place
South Daytona, Florida 32119

ARTICLE VIII
Initial Board of Directors

This corporation shall initially have Three (3) directors. The number of directors of this corporation may be changed at any time, but shall never be less than one.

The names and street addresses of the initial Board of Directors are:

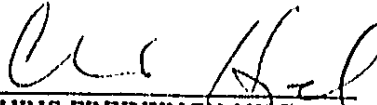
President : Chris Frederick Hegel
1903 Frank Place
South Daytona, Florida 32119

Secretary : Constance J. Hegel
1903 Frank Place
South Daytona, Florida 32119

Treasurer: Chris Frederick Hegel

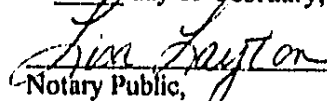
1903 Frank Place
South Daytona, Florida 32119

The undersigned subscribers, in witness hereof, have executed these Articles of
Incorporation this 14 day of February of 1996.


CHRIS FREDERICK HEGEL

State of Florida
County of Volusia

Sworn to and subscribed before me this 14th day of February, 1996.


Notary Public,
State of Florida
My Commission Expires :



**REGISTERED AGENT
CERTIFICATE AND ACKNOWLEDGMENT**

CERTIFICATE OF REGISTERED AGENT

OF

STAT MEDICAL CLAIMS SPECIALISTS, INC.

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE
LAWS OF THE STATE OF FLORIDA, WITH ITS REGISTERED OFFICE AS
INDICATED IN THE ARTICLES OF INCORPORATION AT:**

**1903 FRANK PLACE
DAYTONA BEACH, FLORIDA 32119**

HAS NAMED CHRIS FREDERICK HEGEL

**LOCATED AT THE HEREIN MENTIONED ADDRESS, AS ITS
REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS
STATE.**

**1903 FRANK PLACE
SOUTH DAYTONA, FLORIDA 32119**

**I HEREBY ACCEPT THE DUTY TO ACT AS REGISTERED AGENT AND
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION,
AND AGREE TO COMPLY WITH THE PROVISIONS OF THE LAWS OF THE
STATE OF FLORIDA IN KEEPING OPEN SAID OFFICE.**


CHRIS FREDERICK HEGEL

FILED

96 MAR 12 AM 11:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**