

P96000028951

JAY D. WHEATLEY  
325 Redwood Lane  
Boca Raton, Florida 33487  
(407) 995-9783

FILED

96 APR 23 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 20, 1996

Florida Department of State  
Division of Corporations  
New Filings Section  
409 East Gaines Street  
Tallahassee, Florida 32301

800001752728  
-03/21/96--01061--017  
\*\*\*\*122.50 \*\*\*\*122.50

**Re: Articles of Incorporation; Designation of Registered Agent; and Request for  
Certified Copy of Articles of Incorporation**

Dear Secretary of State:

Enclosed please find the following with required fees:

1. Articles of Incorporation of **NATIONAL MEDCLAIMS, INC.** *SYSTEMS, INC.*
2. Designation of Registered Agent form;
3. This request for a Certified Copy of the Articles of Incorporation; and
4. The enclosed check in payment of the required fees.

Thank you for your time and assistance.

Very truly yours,

*Jay D. Wheatley*

JAY D. WHEATLEY

Enclosures

*1096-6584*

*2/11/96*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 28, 1996

JAY D. WHEATLEY  
325 REDWOOD LANE  
BOCA RATON, FL 33487

SUBJECT: NATIONAL MEDCLAIMS, INC.  
Ref. Number: W96000006586

We have received your document for NATIONAL MEDCLAIMS, <sup>SYSTEMS, INC</sup> ~~INC.~~ and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

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: 196A00013978

**JAY D. WHEATLEY**  
**325 Redwood Lane**  
**Boca Raton, Florida 33487**  
**(407) 995-9783**

March 20, 1996

Ms. Pamela Hall  
Florida Department of State  
Division of Corporations  
New Filings Section  
409 East Gaines Street  
Tallahassee, Florida 32301

**Re: Resubmission of Articles of Incorporation; Designation of Registered Agent;  
and Request for Certified Copy of Articles of Incorporation**

Dear Ms. Hall:

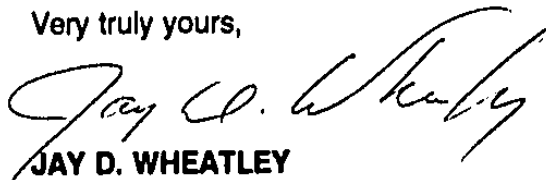
Name Availability Department had informed me that the name "National Medclaims" was available. Apparently, this was done in error. Recently, I spoke to Doris McDuffy in your department. She advised me that the name "National Medclaim Systems, Inc." is available. Accordingly, I am submitting new documents containing the revised name. Please phone me if you have any questions.

Enclosed please find the following:

1. Articles of Incorporation of **NATIONAL MEDCLAIM SYSTEMS, INC.**; and,
2. Designation of Registered Agent form.

Thank you for your Assistance.

Very truly yours,

  
**JAY D. WHEATLEY**

Enclosures

**ARTICLES OF INCORPORATION**

**OF**

**NATIONAL MEDCLAIM SYSTEMS, INC.**

**FILED**

96 APR -3 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**NATIONAL MEDCLAIM SYSTEMS, INC.**

The principal place of business of this corporation shall be:

**325 Redwood Lane  
Boca Raton, Florida 33487**

**ARTICLE II NATURE OF BUSINESS**

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

**One million (1,000,000) shares of no  
par value stock.**

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Page 2 of Articles of Incorporation  
for NATIONAL MEDCLAIM SYSTEMS, INC.

**ARTICLE V OFFICERS AND DIRECTORS**

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until his successor is elected, is:

Jay D. Wheatley  
325 Redwood Lane  
Boca Raton, FL 33487

**ARTICLE VI INCORPORATOR**

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

Jay D. Wheatley  
325 Redwood Lane  
Boca Raton, Florida 33487

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 20th day of March, 1996.

Signature of Incorporator

  
JAY D. WHEATLEY

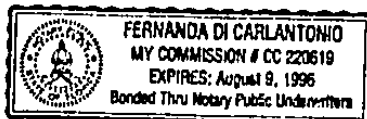
STATE OF FLORIDA  
COUNTY OF PALM BEACH

THE FOREGOING instrument was acknowledged and sworn to before me this 20 date of April, 1996, by

Jay D. Wheatley  
(Name of Incorporator)

of NATIONAL MEDCLAIM SYSTEMS, INC.

(Name of Corporation)



  
Notary Public

My Commission Expires: August 9, 1996

FILED

FLORIDA CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE 96 APR -3 AM 11:56

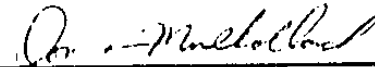
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the Corporation is **NATIONAL MEDCLAIM SYSTEMS, INC.**
2. The name and address of the registered agent and office is:

**DONNA MULHOLLAND**  
325 Redwood Lane  
Boca Raton, Florida 33487

SIGNATURE



**DONNA MULHOLLAND**

TITLE: Registered Agent

Date: April 2, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE



**DONNA MULHOLLAND**  
Registered Agent

Date: April 2, 1996