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LAW OFFICES
WILLIAM C. DICK
ATTORNEY AT LAW
639 NORTH MAGNOLIA AVENUE
ORLANDO, FLORIDA 32801

AREA CODE 407
TELEPHONE 425-2022
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April 24, 1996

PLEASE REPLY TO:
POST OFFICE BOX 3000
ORLANDO, FLORIDA 32802

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

100001789471
-04/29/96--01092--018
****122.50 ****122.50

RE: E&S MEDICAL CLAIM SERVICE, INC.

Gentlemen:


I am enclosing herewith an original and a copy of Articles of Incorporation for the above-named corporation. In addition, a check in the sum of \$122.50 is enclosed which represents the following fees:

Filing fee	\$ 35.00
Certified copy	52.50
Registered Agent fee	<u>35.00</u>
Total	\$122.50

Please file the original of the enclosed Articles of Incorporation and return a certified copy to the undersigned.

Thank you.

Cordially,


William C. Dick

WCD:db
enclosures
cc: Mr. David Spada

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
56 APR 29 PM 1:21

g/5/3/96

EFFECTIVE DATE

APR 23 1996

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR 29 PM 1:21

**ARTICLES OF INCORPORATION
OF
E&S MEDICAL CLAIM SERVICE, INC.**

**ARTICLE I
(NAME)**

The name of this corporation is E&S MEDICAL CLAIM SERVICE, INC.

**ARTICLE II
(COMMENCEMENT AND DURATION)**

This corporation is to commence its corporate existence on the date of subscription and acknowledgment of these Articles of Incorporation and shall exist perpetually thereafter until dissolved according to law.

**ARTICLE III
(PURPOSE)**

The corporation is organized for the purpose of transacting any and all lawful business.

**ARTICLE IV
(CAPITAL STOCK)**

This corporation is authorized to issue 1,000 shares of one (\$1) dollar par value common stock.

**ARTICLE V
(PRINCIPAL OFFICE AND MAILING ADDRESS)**

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

E&S MEDICAL CLAIM SERVICE, INC.
5594 N. Orange Blossom Trail, Suite 151
Orlando, Florida 32810

**ARTICLE VI
(INITIAL REGISTERED AGENT AND ADDRESS)**

The name and address of the initial registered agent is:

Ms. Emma Stephens
E&S MEDICAL CLAIM SERVICE, INC.
5594 N. Orange Blossom Trail, Suite 151
Orlando, Florida 32810

**ARTICLE VII
(INITIAL BOARD OF DIRECTORS)**

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by an amendment of the By-Laws of the corporation in the manner provided by law.

The name and address of the initial director of this corporation is:

<u>NAME</u>	<u>ADDRESS</u>
Ms. Emma Stephens	E&S MEDICAL CLAIM SERVICE, INC. 5594 N. Orange Blossom Trail, Suite 151 Orlando, Florida 32810

**ARTICLE VIII
(INCORPORATORS)**

The name and address of the Incorporator signing these Articles of Incorporation is:

<u>NAME</u>	<u>ADDRESS</u>
Ms. Emma Stephens	E&S MEDICAL CLAIM SERVICE, INC. 5594 N. Orange Blossom Trail, Suite 151 Orlando, Florida 32810

**ARTICLE IX
(INDEMNIFICATION)**

The corporation shall indemnify any present or former officer or director, or any person exercising powers and duties of a director, to the full extent now or hereafter permitted by law.

**CERTIFICATE OF REGISTERED AGENT
AND REGISTERED OFFICE
OF
E&S MEDICAL CLAIM SERVICE, INC.**

Pursuant to Florida Statutes, §607.0501 and §607.0505, the following is submitted in compliance with said sections:

E&S MEDICAL CLAIM SERVICE, INC., desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation, has named EMMA STEPHENS as its Registered Agent to accept service of process within this State and who is located at the following registered office:

E&S MEDICAL CLAIM SERVICE, INC.
5594 N. Orange Blossom Trail, Suite 151
Orlando, Florida 32810

ACKNOWLEDGMENT AND ACCEPTANCE

Having been named as the registered agent for the above corporation for the purpose of accepting service of process at the registered office designated in this Certificate, I hereby accept such appointment and agree to act in such 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.

DATED THIS 23 day of APRIL, 1996.

Emma Stephens
EMMA STEPHENS

STATE OF FLORIDA:

SS

COUNTY OF ORANGE:

23 The foregoing Certificate of Registered Agent and Registered Office was acknowledged before me this day of APRIL, 1996, by EMMA STEPHENS, and she stated to me that she executed the same freely and voluntarily for the purposes therein stated. She is personally known to me or has produced satisfactory evidence of identification pursuant to Florida Statute §117.05.

Robert J. Proctor
(Notary Signature)

Robert J. Proctor
(Notary Name Printed Or Typed)

(NOTARY SEAL)

NOTARY PUBLIC, STATE OF FLORIDA
Commission No.: 71564
EXPIRES JUN 18, 1999
COMPOSED BY
ATLANTIC BONDING CO., INC.

ARTICLE X (AMENDMENT)

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 23 day of APRIL, 1996.

Emma Stephens
EMMA STEPHENS

STATE OF FLORIDA:

SS

COUNTY OF ORANGE:

The foregoing Articles of Incorporation were acknowledged before me this 23 day of APRIL, 1996, by EMMA STEPHENS, and she stated to me that she executed the same freely and voluntarily for the purposes therein stated. She is personally known to me or has produced satisfactory evidence of identification pursuant to Florida Statute §117.05.

Robert J. Proctor
(Notary Signature)

Robert J. Proctor
(Notary Name Printed Or Typed)

NOTARY PUBLIC, STATE OF FLORIDA
Commission No. 9068 COMM-EXP. DATE 07/13/14

(NOTARY SEAL)

BLACK STATE OF FLORIDA
 COMMUNIST PARTY OF FLORIDA
 ATLANTA, GEORGIA CO., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 29 PM 1:21