

**TRANSMITTAL LETTER**

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

SUBJECT: PHYSICIANS ELECTRONIC CLAIMS, INC.  
(Proposed corporate name - must include suffix)

500001831235  
-05/21/96--01035--001  
\*\*\*\*122.50 \*\*\*\*122.50

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: MARK A. CAPALBO

Name (printed or typed)

3591 N.W. 94 AVE.

Address

SUNRISE, FLA 33351

City, State & Zip

(954) 572-9549

Daytime Telephone number

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

D. BROWN MAY 24 1996

## 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 Articles of Incorporation.*

FILED  
JUL 20 AM 10:30  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

PHYSICIANS ELECTRONIC CLAIMS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

3591 N.W. 94 AVE.  
SUNRISE FLA 33351

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARK A. CAPALBO  
3591 N.W. 94 AVE  
SUNRISE FL 33351

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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


LISA HOLDERMAN  
3591 N.W. 94 AVE  
SUNRISE FL 33351

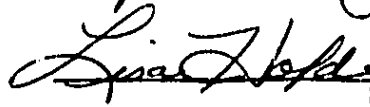
MARK A. CAPALBO  
3591 N.W. 94 AVE  
SUNRISE FL 33351

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of APRIL, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: PHYSICIANS ELECTRONIC CLAIMS, INC.

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

MARK A. CAPALBO  
(NAME)

3591 N.W. 94 AVE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

SUNRISE FL 33351  
(CITY/STATE/ZIP)

FILED  
APR 20 10:30  
TALLAHASSEE, FLORIDA

*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.*

M. A. Capalbo  
(SIGNATURE)

4-20-96  
(DATE)