

TRANSMITTAL LETTER

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

SUBJECT: MEDICAL CLAIMS RECOVERY INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ _____.

400001860314
-06/12/96--01114--009
*****70.00 *****70.00

FROM:

GEORGE HEIN
Name
5053 OCEAN BLVD. SUITE 23
Address
SARASOTA FL. 34242
City, State, & Zip
(941) 366.1502
Telephone Number

FILED
96 JUN 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

e/3/96
10

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

OF

MEDICAL CLAIMS RECOVERY, INC.

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
MAR 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MEDICAL CLAIMS RECOVERY, INC.

ARTICLE II PRINCIPAL OFFICE

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

5053 OCEAN BLVD, SUITE 23
SARASOTA FL. 34242

ARTICLE III CAPITAL STOCK

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

GEORGE HEIN
5053 OCEAN BLVD, SUITE 23
SARASOTA FLORIDA 34242

ARTICLE V INCORPORATOR(S)

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

Pres. & Sec. { - DEBRA L. HEIN
DOUGLAS A.G. HEIN
DAN C.K. HEIN } 3907 Newportville Road
Newportville, PA. 19056

TRES. - George HEIN
5053 OCEAN BLVD, Suite 23
SARASOTA FL. 34242

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

10 day of JUNE, 19 96.

 - TRES.

Signature/Title

Signature/Title

Signature/Title

**CERTIFICATE OF DESIGNATION
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: MEDICAL CLAIMS RECOVERY, INC.

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

GEORGE HEIN
(NAME)

5053 OCEAN BLVD, SUITE 23
(P.O. BOX NOT ACCEPTABLE)

SARASOTA FL. 34242
(CITY/STATE/ZIP)

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56 JUN 12 PM 2:43
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TALLAHASSEE, FLORIDA

SIGNATURE 

(corporate officer)

TITLE TRES.

DATE 10, JUNE 1996

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 

DATE 10 JUNE, 1996

REGISTERED AGENT FILING FEE: \$35.00

P96000050584



5053 Ocean Blvd., Suite 23 • Siesta Key, Florida 34242

CHARTERED 1983
BY THE STATE OF FLORIDA
***** 25,000 ***** 25,000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
36 AUG - 7 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Amen &

VS AUG 8 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

July 25, 1996

COCOR, INC.
5053 COEAN BLVD., SUITE 23
SIESTA KEY, FL 34242

SUBJECT: MEDICAL CLAIMS RECOVERY, INC.
Ref. Number: P96000050584

We have received your document for MEDICAL CLAIMS RECOVERY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 796A00035856

RECEIVED
96 AUG - 7 AM 10:27
DIVISION OF CORPORATIONS

The information was corrected. SEE Attached

Thank you.

[Signature]
P.S. 96

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

APPROVED
AND
FILED
96 AUG -7 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Michael Dennis Recovery, Inc
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE VI OFFICERS ADDED

(ADD) DEBRA HEIN, PRESIDENT
5053 OCEAN BLVD. Suite 23
SARASOTA FL 34242

(ADD) DEBRA L. HEIN, TREAS. SEC.
3907 NEWPORTVILLE ROAD
NEWPORTVILLE FL 39056

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

THIRD: The date of each amendment's adoption July 1 1996

FOURTH: Adoption of Amendment(s) (CHECK ONE)

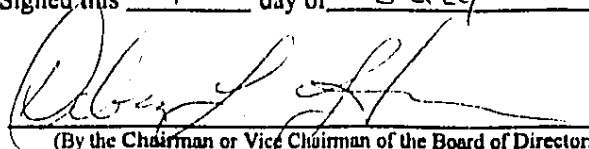
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 1 day of July, 19 96.

Signature


(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

DEBRA L. HEIN President
Typed or printed name

President
Title