

P96000060318



PREMIER HALL  
LEGAL & FINANCIAL SERVICES ACCOUNT NO. : 072100000032

REFERENCE : 024178 4323852

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED  
SECRETARY OF STATE  
JUL 19 1996  
PM 3:32

ORDER DATE : July 18, 1996

ORDER TIME : 11:19 AM

ORDER NO. : 024178

CUSTOMER NO: 4323852

900001898309  
-07/18/96--01069--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CUSTOMER: Mary Fendle, Legal Assistant  
DEAN, MEAD, EGERTON,  
BLOODWORTH, CAPOUANO & BOZARTH  
800 North Magnolia Avenue  
Suite 1500  
Orlando, FL 32803

DOMESTIC FILING

NAME: REIMBURSEMENT PROFESSIONALS,  
INC.

EFFECTIVE DATE:

XXX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

gf  
7/18/96

EFFECTIVE DATE

7/17/96

ARTICLES OF INCORPORATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 JUL 19 PM 3:32

REIMBURSEMENT PROFESSIONALS, INC.

The undersigned, acting as incorporator of this Corporation pursuant to Chapter 607 of the Florida Statutes, hereby forms a corporation for profit under the laws of the State of Florida and adopts the following Articles of Incorporation for such Corporation:

ARTICLE I - NAME OF CORPORATION

The name of this Corporation shall be Reimbursement Professionals, Inc.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of this Corporation shall be located at 658 Andover Circle, Winter Springs, Florida 32708. The mailing address of the Corporation shall be Post Office Box 196296, Winter Springs, Florida 32719.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of capital stock that this Corporation is authorized to issue and have outstanding at any one time is two hundred (200) shares of common stock having a par value of One Dollars (\$1.00) per share.

ARTICLE IV - INITIAL REGISTERED OFFICE

AND REGISTERED AGENT

The initial street address of the registered office of this Corporation in the State of Florida shall be 658 Andover Circle, Winter Springs, Florida 32708. The Board of Directors may

from time to time move the registered office to any other address in Florida. The name of the initial registered agent of this Corporation at that address is Nancy A. Blastic. The Board of Directors may from time to time designate a new registered agent.

#### ARTICLE V - INCORPORATOR

The name and address of the incorporator of this Corporation is:

| <u>Name</u>      | <u>Address</u>                                 |
|------------------|--|
| Nancy A. Blastic | 658 Andover Circle<br>Winter Springs, FL 32708 |

#### ARTICLE VI - PURPOSE

The general purpose for which this Corporation is organized shall be to conduct and transact any and all lawful business authorized or not prohibited by Chapter 607 of the Florida Statutes, as the same may be from time to time amended.


#### ARTICLE VII - DATE OF EXISTENCE

This Corporation shall exist perpetually, commencing on the date of execution of these Articles of Incorporation.

#### ARTICLE VIII - INDEMNIFICATION

This Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned incorporator has made and subscribed these Articles of Incorporation at Orlando, Florida, this 17<sup>th</sup> day of July, 1996.

  
\_\_\_\_\_  
Nancy A. Blastic

Having been named as registered agent for the above mentioned Corporation, at the place designated in the foregoing Articles of Incorporation, I hereby accept such designation and agree to act in such capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent. I am familiar with, and accept the duties and obligations of, Section 607.0505 of the Florida Statutes.

Signature: \_\_\_\_\_

*Nancy A. Blastic*  
Nancy A. Blastic

Date: July 17, 1996

FILED STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
96 JUL 18 PM 3:32

P96000060318

Dean, Mead, Egerton et al

Requestor's Name

800 N. Magnolia #1500

Address

Orlando, FL 32803

City/State/Zip

Phone #

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 #)

500001352705  
09/20/96--01046--005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Service

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 SEP 20 PM 2:35

FILED

| 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

PA chg  
9/24

Examiner's Initials

Florida Department of State, Sandra B. Morham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Reimbursement Professionals, Inc.

1b. The mailing address of the corporation is: 658 Andover Circle, Winter Springs,  
Florida 32708

1c. Date of incorporation: 07/17/96 Document number: P96000060318

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

Nancy A. Blastic

658 Andover Circle

Winter Springs, FL 32708

3. The name and address of the new registered agent and office: P.O. Box Not Specified

Charles H. Egerton, Esq.

800 N. Magnolia Avenue, Suite 1500

Orlando, FL 32803

- The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Thomas R. Swalby  
(Signature of an officer, chairman or  
vice chairman of the board)

Thomas R. Swalby, President

(Printed or typed name and title)

8-27-96

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Charles H. Egerton  
(Signature of Registered Agent)

Charles H. Egerton  
If signing on behalf of an entity:

8/15/96

(Date)

(Typed or Printed Name)

(Capacity)

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