

P96000067189  
(SAMPLE LETTER OF TRANSMITTAL)

Date August 8, 1996

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

8000001918388  
-08/09/96--01091--006  
\*\*\*\*122.50 \*\*\*\*122.50

Re: Medical Claims Review, Inc., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

*Richard L. Starcher*

(individual's name)  
Richard L. Starcher

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

Medical Claims Review, Inc.  
(name of corporation)

|                                |          |      |
|--------------------------------|----------|------|
| MAILING ADDRESS OF CORPORATION |          |      |
| P. O. Box 1628                 |          |      |
| Windermere, FL 34786-1628      |          |      |
| PHONE                          |          |      |
| ( 407 )                        | 283-7252 |      |
| Area Code                      | Number   | Ext. |

8-13-96  
KR

# ARTICLES OF INCORPORATION

of

Medical Claims Review, Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Medical Claims Review, Inc.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares ( 500 ) of One Dollar Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

|         |                         |            |           |
|---------|-------------------------|------------|-----------|
| NAME    | Richard L. Starcher     |            |           |
| ADDRESS | 1040 West Amelia Street |            |           |
| CITY    | Orlando                 | FLORIDA FL | ZIP 32805 |

The principal office, if known, or the mailing address of the corporation is:

|         |                |            |                |
|---------|----------------|------------|----------------|
| NAME    |                |            |                |
| ADDRESS | P. O. Box 1628 |            |                |
| CITY    | Windermere     | FLORIDA FL | ZIP 34786-1628 |

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

|         |                         |          |           |
|---------|-------------------------|----------|-----------|
| NAME    | Richard L. Starcher     |          |           |
| ADDRESS | 1040 West Amelia Street |          |           |
| CITY    | Orlando                 | STATE FL | ZIP 32805 |
| NAME    |                         |          |           |
| ADDRESS |                         |          |           |
| CITY    |                         | STATE    | ZIP       |
| NAME    |                         |          |           |
| ADDRESS |                         |          |           |
| CITY    |                         | STATE    | ZIP       |

# **ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

|  |                 |                  |  |
|--|-----------------|------------------|--|
| NAME <u>Richard L. Starcher</u>        |                 |                  |  |
| ADDRESS <u>1040 West Amelia Street</u> |                 |                  |  |
| CITY <u>Orlando</u>                    | STATE <u>FL</u> | ZIP <u>32805</u> |  |
| NAME _____                             |                 |                  |  |
| ADDRESS _____                          |                 |                  |  |
| CITY _____                             | STATE _____     | ZIP _____        |  |
| NAME _____                             |                 |                  |  |
| ADDRESS _____                          |                 |                  |  |
| CITY _____                             | STATE _____     | ZIP _____        |  |

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 8th day of August, 1996.

Richard L. Starcher (Seal)

\_\_\_\_ (Seal)

\_\_\_\_ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

Medical Claims Review, Inc.  
(name of corporation)

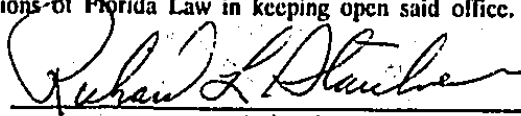
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 1040 West Amelia Street  
Orlando, FL 32805

has named Richard L. Starcher  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
(registered agent)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA