

P96000093277

TRANSMITTAL LETTER

FILED

96 NOV 12 PM 1:17

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MEDITECH CLAIMS INC
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122.50

200002003382--3
-11/13/96--01160--001
***122.50 ***122.50

FROM:

Lawrence J Reis
Name (printed or typed)
1621A E Vine St
Address
Kissimmee FL 34744
City, State, & Zip
(407) 847-2898
Telephone Number

Note: Please provide the original and one copy of the Articles.

XH
11-14-96

ARTICLES OF INCORPORATION

OF

MEDITECH CLAIMS INC

FILED
96 NOV 12 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

MEDITECH CLAIMS INC

The Corporation shall have perpetual duration.

ARTICLE II PRINCIPAL OFFICE

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

1621A East Vine Street, Kissimmee FL 34744

ARTICLE III SHARES

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

one-hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lawrence J Reis
1621A E Vine St
Kissimmee FL 34744

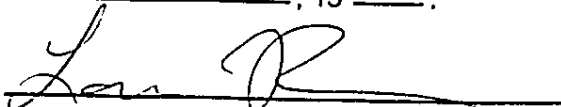
ARTICLE V INCORPORATOR(S)

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

Lawrence J Reis
1621A E Vine St
Kissimmee FL 34744

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

7th day of November, 19 96.


Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: MEDITECH CLAIMS INC

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

Lawrence J Reis

(NAME)

1621A E Vine Street

(P.O. BOX NOT ACCEPTABLE)

Kissimmee FL 34744

(CITY/STATE/ZIP)

FILED
NOV 12 PM 1:17
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.

SIGNATURE



DATE

November 7 1996