Department of State

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

100002012431--0 -11/22/96--01056--013 *****70.75 *****76.75

SUBJECT:	THOMPSON'S MEDI			
Customatic on		name - must include suffix) EEC CO	50.03 F
Enclosed is an	original and one (1) copy of t	he articles of incorporation	and a check for:	1: 09 1: 09
☐ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate	☐ \$122.50 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	G.
		Additional C	Copy Required	
Name (p		THOMPSON (printed or typed) rpon Lane, H-205 Address ach, Florida 32960 State & Zip 3-9813 Telephone number	-615-25 -07-615-15	134

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 2, 1996

CAROL THOMPSON 1825 TARPON LANE STE H-205 VERO BEACH, FL 32960

SUBJECT: THOMPSON'S MEDICAL CLAIMS, INC.

Ref. Number: W96000025134

We have received your document for THOMPSON'S MEDICAL CLAIMS, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6878.

Terri Buckley Corporate Specialist

Letter Number: 196A00053921

ARTICLES OF INCORPORATION

OF

THOMPSON'S MEDICAL CLAIMS, INC.

ARTICLE I. CORPORATE NAME,

The name of this corporation shall be:

THOMPSON'S MEDICAL CLAIMS, INC.

ARTICLE II. PRINCIPAL OFFICE.

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

1825 Tarpon Lane, H-205, Vero Beach, Florida 32960

The mailing address for this corporation shall be:

1825 Tarpon Lane, H-205, Vero Beach, Florida 32960

ARTICLE III. CAPITAL STOCK.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10 shares of common stock. Such shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE.

The name and address of the initial registered agent are:

CAROL THOMPSON 1825 Tarpon Lane, H-205 Vero Beach, Florida 32960



<u>ARTICLE V.</u> INCORPORATORS.

The name and street address of the incorporator of these articles of incorporation is:

CAROL THOMPSON 1825 Tarpon Lane, H-205 Vero Beach, FL 32960

OPTIONAL PROVISIONS.

None.

The undersigned hadexecuted these articles of incorporation on 1000 20 1996.

CAROL THOMPSON

Designation of Registered Agent

Pursuant to the provisions of F.S. 607.0501, 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 THOMPSON'S MEDICAL CLAIMS, INC.
- 2. The name of the registered agent is CAROL THOMPSON
- 3. The address of the registered agent/registered office is

1825 Tarpon Lane, H-205 Vero Beach, FL 32960



Acceptance

Having been named as registered agent and designated to accept service of process for the above 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 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.

CAROL THOMPSON

DATE: 12 -16.96

P96000102915

TO Whom IT MAY CONCERN!

ATTACHED Please find ARTICLES
OF DISSOLUTION FOR Thompson's
Medical Claims, Inc. The clocument
number of this Corporation is
P96000102915.

IF you have any questions
I can be reached at 1889
561. 5703. 9813 or ARELIANDED AND AND THE STATE OF THE STA

I am enclosing a check for \$43.75 (filing fee and certificate of status. 800002265998--601/13/0?-01030-001
*******43.75 ******43.75

Sincerely thompson

Vol. Diss.

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: THOMP SONIS MENICAL	<u>CLA</u> IMS, INC			
SECOND:	The articles of incorporation were filed on: Dec 23th, 1996				
THIRD:	(CHECK ONE)	TASE 97			
	None of the corporation's shares have been issued.	AUG IC			
	The corporation has not commenced business.				
FOURTH:	No debt of the corporation remains unpaid.	55 5			
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.				
SIXTH:	Adoption of Dissolution (CHECK ONE)				
	A majority of the incorporators authorized the dissolution.				
A majority of the directors authorized the dissolution.					
Signe	ed this	·			
Signatu	(By the chairman or vice chairman of the board, president, or other officer - if there are n directors, by an incorporator.)	o officers or			
-	CAROL Lee Thompson (Typed or printed name)				
	President (Title)				