

996000102915

TRANSMITTAL LETTER

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

100002012431--8  
-11/22/96--01056--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: THOMPSON'S MEDICAL CLAIMS, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an **original and one (1) copy** of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**Additional Copy Required**

FROM:

CAROL THOMPSON

Name (printed or typed)

1825 Tarpon Lane, H-205

Address

Vero Beach, Florida 32960

City, State & Zip

(561) 563-9813

Daytime Telephone number

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

FILED  
96 DEC 23 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/1/5  
WFC - 25/134  
DB/1/16  
TH  
5  
12/27



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

FILED  
DEC 23 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V.**  
**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 had executed these articles of incorporation on Nov 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

FILED  
96 DEC 23 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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  
CAROL THOMPSON

DATE: 12-16-96