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ACCOUNT NO. : 072100000032

REFERENCE : 222686 82082A

AUTHORIZATION :

COST LIMIT : \$ 70.00

*Patricia Pyjunt*

ORDER DATE : January 15, 1997

ORDER TIME : 10:12 AM

ORDER NO. : 222686-005

400002059194--3

CUSTOMER NO: 82082A

CUSTOMER: Robert P. Fritts, Esq  
ROBERT P. FRITTS, P.A.

Suite 4  
5702 Lake Worth Road  
Lake Worth, FL 33463

FILED  
97 JAN 15 PM 1:13  
SEC  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: HEALTH CARE COMPENSATION  
INFORMATICS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS:

*KF*  
1.15.97

97 JAN 15 PM 1:13  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

HEALTH CARE COMPENSATION INFORMATICS, INC.

ARTICLE I. CORPORATE NAME

The name of this corporation is HEALTH CARE COMPENSATION INFORMATICS, INC.

ARTICLE II. NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is one thousand shares of common stock having a par value of \$1.00.

ARTICLE IV. TERM OF EXISTENCE

This Corporation shall have perpetual existence, commencing upon filing of these Articles.

ARTICLE V. REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

M. LESLIE HARE  
6819 Fountains Circle  
Lake Worth, FL 33467

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

ARTICLE VI. PRINCIPAL PLACE OF BUSINESS

The principal place of business shall be:

4431 Alton Road  
Miami Beach, FL 33140

ARTICLE VII. BOARD OF DIRECTORS

This Corporation shall have two directors initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one.

ARTICLE VIII. INITIAL DIRECTORS

The names of the initial directors of this Corporation and their street addresses are:

ROBERT J. ROMANO  
4431 Alton Road  
Miami Beach, FL 33140

M. LESLIE HARE  
6819 Fountains Circle  
Lake Worth, FL 33467

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever comes first.

ARTICLE IX. INCORPORATORS

The names and street address of the persons signing these Articles of Incorporation as the Incorporators are:

ROBERT J. ROMANO  
4431 Alton Road  
Miami Beach, FL 33140

M. LESLIE HARE  
6819 Fountains Circle  
Lake Worth, FL 33467

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned, as Incorporators, have executed the foregoing Articles of Incorporation on this 14<sup>th</sup> day of January, A.D., 1997.

  
ROBERT J. ROMANO

  
M. LESLIE HARE

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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: HEALTH CARE COMPENSATION INFORMATICS, INC.
2. The name and address of the registered agent and office is:

M. LESLIE HARE  
6819 Fountains Circle  
Lake Worth, FL 33467

SIGNATURE

Robert J. Roman  
(corporate officer)

TITLE

President

DATE

1/14/97

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

M. Leslie Hare

DATE

1/14/97

FILED

97 JAN 15 PM 1:13

SECRET  
TALLAHASSEE, FLORIDA