

P97 000107834

REIMBURSEMENT DATA SYSTEMS, INC.
20241 N.W. 10th Street
Pembroke Pines, Florida 33029
(954) 435-8482

December 19, 1997

EFFECTIVE DATE
1-1-98

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

800002379208--0
-12/22/97--01080--001
****122.50 ****122.50

Re: Reimbursement Data Systems, Inc.
Effective: 1/1/98

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with 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 name corporation to be effective 1/1/98.

Sincerely yours,

Sherrie Nowacki
Sherrie Nowacki

FILED
97 DEC 22 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. REGISTER DEC 24 1997

ARTICLES OF INCORPORATION

of

EFFECTIVE DATE
1-1-98

Reimbursement Data Systems, Inc.
(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Reimbursement Data Systems, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law. Corporate existence shall begin January 1, 1998.

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 1,000 shares of common stock, par value \$ none per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
20241 N.W. 10th Street			
CITY	Pembroke Pines,	FLORIDA	ZIP 33029

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Sherrie Nowacki		
ADDRESS	20241 N.W. 10th Street		
CITY	Pembroke Pines	FLORIDA	ZIP 33029

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TALLAHASSEE, FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) 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	Sherrie Nowacki		
ADDRESS	20241 N.W. 10th Street		
CITY	Pembroke Pines	STATE	FL ZIP 33029
NAME	Gerald Goodman		
ADDRESS	Meridian 1 Two Industrial Way West		
CITY	Eatontown	STATE	N.J. ZIP 07724
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

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

NAME	Sherrie Nowacki		
ADDRESS	20241 N.W. 10th Street		
CITY	Pembroke Pines	STATE	FL ZIP 33029
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 19th day of December, 1997.

Sherrie Nowacki (Signature)

_____ (Signature)

_____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

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TALLAHASSEE, FLORIDA

Reimbursement Data Systems, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 20241 N.W. 10th Street

Pembroke Pines, FL 33029

has named Sherrie Nowacki

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Sherrie Nowacki
(Signature)

12/19/97
(Date)