

P9800004261

TRANSMITTAL LETTER

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

800002428379--9  
-02/12/98--01020--010  
\*\*\*\*131.50 \*\*\*\*131.50

SUBJECT: Associates in Reimbursement Consulting 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: Assoc. in Reimb. Consulting Inc.  
Name (printed or typed)

P.O. Box 4124  
Address

Hallandale FL 33008  
City, State & Zip

(954) 456-8107  
Daytime Telephone number

FILED  
98 FEB 12 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

JP  
2-12-98

## ARTICLES OF INCORPORATION

*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.*

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### ARTICLE I NAME

The Name of the corporation shall be:

**Associates in Reimbursement Consulting, Inc.**

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### ARTICLE II PRINCIPAL OFFICE

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

**1108 NE 2<sup>nd</sup> Court, Hallandale, FL 33009**

and the mailing address is:

**P.O. Box 4124, Hallandale, FL 33008**

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### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **100.**

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### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Antony Wheeler  
1108 NE 2<sup>nd</sup> Court  
Hallandale FL 33009

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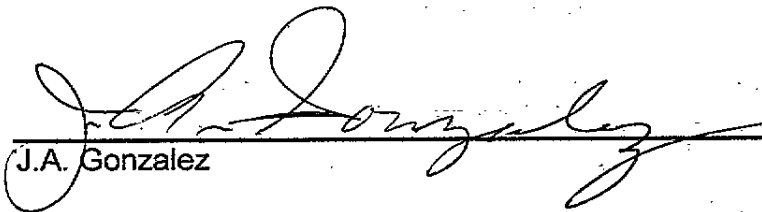
**ARTICLE V INCORPORATORS**


The names and addresses of the incorporators to these Articles of Incorporation are:

J.A. Gonzalez  
500 South Federal Hwy.  
P.O. Box 4124  
Hallandale, FL 33008

Antony Wheeler  
1108 NE 2<sup>nd</sup> Ct.  
Hallandale, FL 33009

The undersigned incorporators have executed these Articles of Incorporation this 15<sup>th</sup> day of November of 1997.

  
\_\_\_\_\_  
J.A. Gonzalez

  
\_\_\_\_\_  
Antony J. Wheeler

## **Associates in Reimbursement Consulting, Inc.**

### **Corporate Resolution**

To provide services to healthcare providers and other interested parties by coordinating seminars and other training workshops. Accomplishment of this coordination may be through the subcontracting of reimbursement experts with the experience and appropriate certification in the respective fields. Delivery of the information will be by prepared presentations using any medium not limited to hardcopy, visual, oral, computer/ and internet.

It is intended that the purpose include the provision of those consulting services which may prove beneficial to any healthcare providers such as physicians, clinics, hospitals, diagnostic labs, et.al. These services include the processing of medical billing and collection data such as HCFA 1500 processing; collections of aged receivables, review of medical records for accuracy in coding and for the purpose of optimizing reimbursement.

The marketing of help aids will be another pursuit. These are intended to cover the realm of procedural and diagnostic coding. Such tools are intended to provide healthcare providers with quick and easy references to achieve their goals of proper and maximum reimbursement from insurance carriers.

The foregoing purposes and activities will be interpreted as examples only and not as limitations. Nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purpose. Any purpose that may become necessary, profitable or desirable to the shareholders and for the furtherance of the corporate objectives expressed above will be investigated and may be pursued by the corporation.

**CERTIFICATE OF DESIGNATION OF  
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

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TALLAHASSEE, FLORIDA

1. The name of the corporation is:

**ASSOCIATES IN REIMBURSEMENT CONSULTING, INC.**

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

Antony J. Wheeler  
1108 NE 2<sup>nd</sup> Court  
Hallandale, Florida 33009

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)

11/15/97

(DATE)