

Charter Number Only

2506
P98000017018

Requestor Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

000002437210--4
-02/23/98--01003--008
*****78.75 *****78.75

CORPORATION(S) NAME

River Oaks, INC.

Marta called 2/24/98
use:

RIVER OAK Electronic
Claims

) Merger

) Mark

) Other

) Change of Registered Agent

) Certificate Under Seal

) After 4:30

() Mail

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 FEB 23 AM 10:00

FILED



Empire Toll Free: 1-800-432-3028

N	
A	
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U	
Verifier	2/23
Acknowledgment	
W.P. Verifier	

CR2E031 (R8-85)

ARTICLES OF INCORPORATION

RIVER

of

~~RIVER~~ OAKS ELECTRONIC CLAIMS, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

RIVER OAKS ELECTRONIC CLAIMS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

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 500 shares () of NONE
Dollar(s) (\$) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ELLEN M. THOMPSON		
ADDRESS	8467 SHADOW CT.		
CITY	CORAL SPRINGS	FLORIDA	FL ZIP 33071

The principal office, if known, or the mailing address of the corporation is:

NAME	RIVER OAKS, INC.		
ADDRESS	P.O. Box 770005		
CITY	CORAL SPRINGS	FLORIDA	ZIP 33071

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) 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	ELLEN M. THOMPSON		
ADDRESS	8467 SHADOW CT.		
CITY	CORAL SPRINGS	STATE	FL ZIP 33071
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

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

NAME	ELLEN M. THOMPSON		
ADDRESS	8467 SHADOW CT.		
CITY	CORAL SPRINGS	STATE	FL ZIP 33071
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 20 day of February, 1998.

X Ellen M. Thompson (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

RIVER OAK ELECTRONIC CLAIMS, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 8467 SHADOW CT.
CORAL SPRINGS, FL. 33071
has named ~~RIVER OAKS~~ Ellen M. Thompson
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.

Ellen M. Thompson
(registered agent)

FILED
98 FEB 23 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA