P98000045210

TRANSMITTAL LETTER

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

SUBJECT: MED-CLAIMS PROFESSIONALS, INC.

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

$70.00 – Filing Fee

400002527404--0
-05/18/98--01081--013
*****70.00 *****70.00

FROM: Robert W. Ford
6032 Sanctuary Garden Blvd.
Port Orange, FL 32127
(904) 212-2772

APPROVED
AND
FILED

98 MAY 18 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. BROCK MAY 20 1998

ARTICLES OF INCORPORATION

OF

MED-CLAIMS PROFESSIONALS, INC.

ARTICLE I: EFFECTIVE DATE 5-14-98

THE NAME OF THE CORPORATION SHALL BE

MED-CLAIMS PROFESSIONALS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II:

THE PRINCIPAL PLACE OF BUSINESS SHALL BE:

6032 SANCTUARY GARDEN BLVD.
PORT ORANGE, FL 32127

THE MAILING ADDRESS OF SAID CORPORATION SHALL BE

6032 SANCTUARY GARDEN BLVD.
PORT ORANGE, FL 32127

ARTICLE III:

THE TOTAL NUMBER OF AUTHORIZED SHARES OF STOCK SHALL BE 1,000
AT NO PAR VALUE

ARTICLE IV:

THE REGISTERED AGENT FOR SAID COMPANY SHALL BE:

Robert W. Ford
6032 Sanctuary Garden Blvd.
Port Orange, FL 32127

Robert W. Ford
Registered Agent

5/14/98
Date

ARTICLE V:

THE INCORPORATOR IS Robert W. Ford

Robert W. Ford — 5/14/98

Robert W. Ford — Date

ARTICLE VI:

THE EFFECTIVE DATE OF SAID CORPORATION SHALL BE May 14, 1998

APPROVED
AND
FILED

98 MAY 18 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA