

P98000079270

TRANSMITTAL LETTER

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

SUBJECT: A+ MEDICAL CLAIMS SERVICE, INC.
(Proposed corporate name - must include suffix)

900002634109--0
-09/08/98--01088--020
*****70.00 *****70.00

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: ROSEMARIE JACQUES
Name (Printed or typed)

P. O. BOX 3128
Address

BELLEVIEW, FLORIDA 34421
City, State & Zip

(352) 307-9589
Daytime Telephone number

FILED
98 SEP -8 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TA-9/14/98

FILED
98 SEP - 8 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

A+ MEDICAL CLAIMS SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

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

2407 N. U.S. HWY 441 FRUITLAND PARK, FLORIDA 34731

MAILING ADDRESS SAME AS ABOVE

ARTICLE III SHARES

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

100 SHARES AT \$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ARDITH C. JOHNSON 2109 VERA-DOR DR. FRUITLAND PARK, FL. 34731

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROSEMARIE JACQUES 13465 SE 32ND CT. BELLEVIEW, FLORIDA 34420


Signature/Incorporator ROSEMARIE JACQUES

8-28-98
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

8/28/98
Date

ARDITH C JOHNSON