

TRANSMITTAL LETTER

P98000087662.

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

500002638275--9
-09/14/98--01070--025
****131.25 ****131.25

SUBJECT: MANAGED CARE OPTIONS, 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: Kimberly Wild Dugger
Name (Printed or typed)

1705 Ocean Dr. #104
Address

Vero Beach, FL 32963
City, State & Zip

(361) 234-0682
Daytime Telephone number

98 OCT 13 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

10-14-98
B



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 18, 1998

KIMBERLY WILD DUGGER
1705 OCEAN DR., #104
VERO BEACH, FL 32963

SUBJECT: MANAGED CARE OPTIONS, INC.
Ref. Number: W98000021381

We have received your document for MANAGED CARE OPTIONS, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

I called and left my name and number but i never received a return call.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 598A00047303

Janet Wild Kus
5947 N.W. 65th Terr.
Parkland, FL 33067
Ph. 954-796-4682

October 2, 1998

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

Dear Carolyn Batten: _____

I am writing this letter to state that I, Janet Wild Kus and revoking the use and name of Managed Care Options, Inc.. I do not have any intention of using this name for any business use in the future. I do hereby give this name to my sister Kimberly Wild Dugger as of this date, October 2nd, 1998.

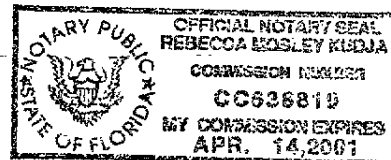
Thank you

for your assistance with this. My sister and I appreciate all the help in facilitating the change.

Sincerely,

Janet Wild Kus
Janet Wild Kus
RN, CRIS, CCM

Rebecca Mosley Kudja



[Type Slogan here]

Janet Wild Kus

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:

Managed Care Options, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1705 OCEAN Dr. #104
Vero Beach, Fl. 32963

ARTICLE III SHARES

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

7,500 Shares of stock par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kimberly Wild Dugger
1705 OCEAN Dr. #104
Vero Bch. Fl. 32963

ARTICLE V INCORPORATOR

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

William E. Wild Sr.
1705 OCEAN Dr.
Vero Bch. Fl. 32963

William E. Wild Sr.
Signature/Incorporator

9/15/98
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

Kimberly Wild Dugger
Signature/Registered Agent

9/15/98
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA