

Joseph R. Testa
PO Box 5010
Port Charlotte, Fl. 33949
(941) 629 9744

Florida Dept. of State
Division of Corporations
PO Box 1227
Tallahassee, Fl. 32301

December 11, 1998

Gentlemen:

This letter will announce the forming of Prompt Courier Medical Claims Inc.

Authorized and registered agent for this corporation is
Joseph R. Testa, 5120 Collingswood Blvd, Port Charlotte, Fl.
33948 and Annette D. Quegan, 345 N Springlake Dr, Port
Charlotte, Fl. 33952.

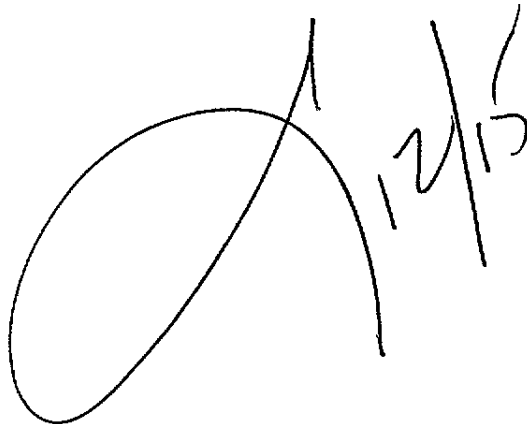
Thank you for your help.

Sincerely,

Joseph R. Testa

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

Prompt Courier and Medical 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:

Prompt Courier and Medical 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 one dollar Dollar(s) (\$ 1.00) 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	<u>Joseph R. TESTA</u>		
ADDRESS	<u>5120 Collingswood Blvd</u>		
CITY	<u>Port Charlotte.</u>	FLORIDA	ZIP <u>33948</u>

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

NAME	<u>Prompt Courier and Medical Claims Inc</u>		
ADDRESS	<u>P.O. Box 5120</u>		
CITY	<u>Port Charlotte</u>	FLORIDA	ZIP <u>33949</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) 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:

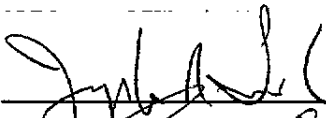
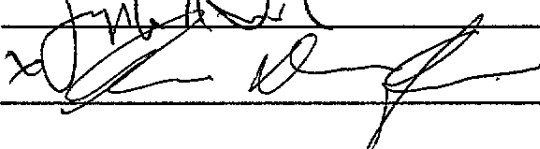
NAME	<u>Joseph R. TESTA</u>		
ADDRESS	<u>5120 Collingswood Blvd</u>		
CITY	<u>Port Charlotte</u>	STATE <u>FL</u>	ZIP <u>33948</u>
NAME	<u>Annette D. QUEGAN</u>		
ADDRESS	<u>345 N. Spring Lake Rd</u>		
CITY	<u>Port Charlotte</u>	STATE <u>FL</u>	ZIP <u>33952</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

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

NAME	Joseph R. TESTA		
ADDRESS	5120 Collingswood BLVD		
CITY	Port Charlotte	STATE	FL ZIP 33948
NAME	Annette D. Quegan		
ADDRESS	345 N. Springlake Rd		
CITY	Port Charlotte, FL	STATE	FL ZIP 33952
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 11 day of Dec, 19 98

 (Seal)
 (Seal)
____ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Prompt Courier and Medical 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 5120 Callingswood BLVD

Port Charlotte, FL 33949

has named Joseph R. Testa

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 a
stated corporation at the place designated in this certificate, and being familiar
the obligations of that position, I hereby accept to act in this capacity, and agree
comply with the provisions of Florida Law in keeping open said office.

Joseph R. Testa
(registered agent)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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