

TRANSMITTAL LETTER

D98000106095

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

SUBJECT: AccuMED REIMBURSEMENT SPECIALISTS, INC.
(Proposed corporate name - must include suffix)

800002718408--6

-12/21/98--01135--013

****131.25 *****87.50

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: WILLIAM WINE
Name (Printed or typed)

6735 CANARY PALM CIRCLE
Address

BOCA RATON, FL 33433
City, State & Zip

954-425-7797
Daytime Telephone number

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

D. BROWN DEC 22 1998

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:

ACCUMED REIMBURSEMENT SPECIALISTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

680 S. MILITARY TRAIL, DEERFIELD BEACH, FL 33442

ARTICLE III SHARES

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

2,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WILLIAM WINE
6735 CANARY PALM CIRCLE
BOCA RATON, FL 33433

ARTICLE V INCORPORATOR

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

WILLIAM WINE
6735 CANARY PALM CIRCLE
BOCA RATON, FL 33433


Signature/Incorporator

12-17-98
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

12/17/98
Date