P99000005437

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

Optimal Reimbursement Services, Inc. SUBJECT: (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 **□** \$78.75 **□**\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Jimmie Doyle Name (Printed or typed) 112 Old Still Road Address Crawfordville, Florida 32327 City, State & Zip (850) 926-7869 Daytime Telephone number

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

39 JAN 20 AM 9: 15

BECEINED

ARTICLES OF INCORPORATION

FILED

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

99 JAN 20 AM 9: 27

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OPTIMAL REIMBURSEMENT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1811 Tobe Way Grand Ridge, Florida/32442

ARTICLE III SHARES

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

5000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Chris Johnson 1811 Tobe Way

Grand Ridge, Florida 32442

ARTICLE V INCORPORATOR

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

Jimmie Doyle 112 Old Still Road Andrea Johnson 1811 Tobe Way

Debbie Hearn 1255 Lee Road 33

Crawfordville, F1. 32327

Grand Ridge, Florida 32442

Salem, AL.36874

Delilie Door W

1/2/10

Signature/incorporator

Date

ARTICLE VI: Effective date of said corporation shall be January 20, 199

(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

12/31/98

Date