

TRANSMITTAL LETTER

P99000026486

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

200002808822--5
-03/17/99--01044--007
*****78.75 *****78.75

SUBJECT: AMA Medical Claims Processing, Inc.
(Proposed corporate name - must include suffix)

200002808822--5
-03/17/99--01044--008
*****8.75 *****8.75

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Melissa Mary Tolle
Name (Printed or typed)

12744 87th Street North
Address

West Palm Beach, FL 33412
City, State & Zip

561-3086483
Daytime Telephone number

FILED
39 MAR 17 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHESSEN MAR 23 1999

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

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:

AMA Medical Claims Processing, INC.

ARTICLE II PRINCIPAL OFFICE

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

12744 87th Street North
West Palm Beach, Fl. 33412

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Melissa-Mary Tolle
12744 87th St. North
West Palm Beach, Fl. 33412

ARTICLE V INCORPORATOR

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

Althea M. Andrus
P.O. Box 93-5162
Margate, Fl. 33093-5162

12744 87th St. North
West Palm Beach, Fl. 33412

Althea M. Andrus

Signature/Incorporator

3-12-99

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

Melissa-Mary Tolle

Signature/Registered Agent

3-12-99

Date

FILED
99 MAR 17 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA