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IN REPLY REFER TO

May 3, 1999

Division of Corporations
Secretary of State
The Capitol
Tallahassee, FL 32304

400002862694--9
-05/04/99--01102--004
*****70.00 *****70.00

RE: Maximum Medical Reimbursement, Inc.

Gentlemen:

Enclosed is the signed original and one copy of the Articles of Incorporation of the above corporation. We have also enclosed a check in the amount of \$70.00 for the filing and designation of the registered agent.

Please process this at your earliest opportunity and return a date stamped uncertified copy of the Articles of Incorporation to this office.

Thank you for your assistance. If you have any questions, please do not hesitate to call us.

Very truly yours,

JAMES N. CASESA

JNC:fkf
Enclosures

FILED
99 MAY -4 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHESSEN

MAY 10 1999

ARTICLES OF INCORPORATION
FOR
MAXIMUM MEDICAL REIMBURSEMENT, INC.

FILED
MAY -4 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is Maximum Medical Reimbursement, Inc.

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purposes for which the corporation is organized are:

1. To own and operate a medical billing business.
2. To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
3. To do such other things as are incidental to the foregoing or necessary or desirable in order to more fully accomplish the foregoing.

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is one thousand (1000). Such shares shall be of a single class and shall have a par value of one dollar (\$1.00) per share.

ARTICLE FIVE

The street address of the initial registered office of the Corporation and the name of its initial registered agent at such address is:

Cristin J. Siskin
4538 6th Avenue North
St. Petersburg, Florida 33713

The street address of the initial principal office of the Corporation is:

4538 6th Avenue North
St. Petersburg, Florida 33713

ARTICLE SIX

The number of directors constituting the initial board of directors of the corporation is two (2). The name and address of each person who is to serve upon the initial board of directors are:

Cristin J. Siskin
4538 6th Avenue North
St. Petersburg, Florida 33713

Patricia A. Siskin
18720 Gulf Boulevard, #2B
Indian Shores, Florida 33785

ARTICLE SEVEN

The name and address of the incorporator is:

Patricia A. Siskin
18720 Gulf Boulevard, #2B
Indian Shores, Florida 33785

EXECUTED by the undersigned at St. Petersburg, Pinellas County, Florida on the 3rd day of May, 1999.


Patricia A. Siskin

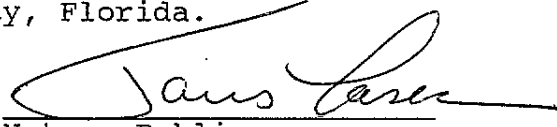
ACKNOWLEDGMENT

STATE OF FLORIDA)

COUNTY OF PINELLAS)

BEFORE ME, personally appeared Patricia A. Siskin, who is personally known to me or presented personally known as identification, and is to me well known to be the person described in and who executed the forgoing articles of incorporation and acknowledged to and before me that the said articles were executed for the purposes therein expressed.

WITNESS MY HAND AND OFFICIAL SEAL, this 2nd day of May, 1999 at St. Petersburg, Pinellas County, Florida.


Notary Public
My commission expires:

JAMES CASESA
Notary Public - State of Florida
My Commission Expires Sep 23, 2001
Commission # CC668840

FILED

99 MAY -4 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

MAXIMUM MEDICAL REIMBURSEMENT, INC.

DESIRING TO ORGANIZED OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF ST. PETERSBURG, STATE OF FLORIDA HAS NAMED:

CRISTIN J. SISKIN
4538 6TH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA

SIGNATURE: Cristin J. Siskin

TITLE: Director

DATE: 5/3/99

FILED
99 MAY -4 PM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE: Cristin J. Siskin

DATE: 5/3/99