

# P99000053349

## TRANSMITTAL LETTER

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

800002900958--8  
-06/10/99--01079--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Manor MedData & Reimbursement Management, Inc.  
Proposed Corporate Name

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Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.

FROM:

Lourdes Rodriguez

Name (print or type)

2265 S.W. 132 Avenue

Address

Miami, FL 33175

City, State, Zip

(305) 480-3919

Area Code and Phone Number (Daytime)

FILED  
99 JUN 10 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. SMITH JUN 11 1999

# ARTICLES OF INCORPORATION OF

Manor MedData & Reimbursement Management, Inc.  
(Name of Corporation)

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

## ARTICLE 1: NAME

The name of the corporation shall be: Manor MedData & Reimbursement Management, Inc.

## ARTICLE 2: PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation shall be (give *street* address and zip code): 2265 S.W. 132 Avenue Miami, FL 33175

## ARTICLE 3: SHARES

All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1,200

## ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name of the initial registered agent is Lourdes Rodriguez

whose registered office is located at the place of business stated in Article 2 above.

## ARTICLE 5: INCORPORATOR

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

Lourdes Rodriguez  
2265 S.W. 132 Avenue.  
Miami, FL 33175

The undersigned incorporator has executed these Articles of Incorporation this 1st  
Day of April, 19 99

  
Signature

Articles of Incorporation  
Filing Fee — \$35.00

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99 JUN 10 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Corporation organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation/professional association is: \_\_\_\_\_  
Manor MedData & Reimbursement Management, Inc.

2. The name and address of the registered agent and office is:

Lourdes Rodriguez  
Full name  
2265 S.W. 132 Avenue  
Address (P.O. Box not acceptable)  
Miami, FL 33175  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Lourdes Rodriguez  
SIGNATURE OF REGISTERED AGENT

6-9-99

DATE

Designation of Registered Agent  
Filing Fee — \$35.00