

Filing and License Fee: \$310.00 minimum

ID Number: 151609



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is MEDICREDIT, INC

2. It is incorporated under the laws of MD

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is 10/5/77 and the period of its duration is perpetual

5. The address of its principal office in the state or country under the laws of which it is incorporated is 3620 I-70 Dr. SE, Suite C Columbia MD 65201

6. The address of its proposed registered office in Rhode Island is 222 Jefferson Blvd., Suite 200
(Street Address, not P.O. Box)

Warwick, RI 02888 and the name of its proposed registered agent in Rhode Island at

that address is Corporation Service Company
(Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
debt collection

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

	Name	Address
Director	_____	_____

FILED
NOV 02 2005
By _____
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SEP 12 11 10 AM '05
SECRETARY OF STATE
CORPORATIONS DIVISION
NOV 02 2005

MEDICREDIT, INC.
LIST OF DIRECTORS

DIRECTOR

Michael A. DiMarco
3620 I-70 Dr. SE, Suite C
Columbia MO 65201
573-874-1182
573-442-4539 fax #

DIRECTORS