

P95000032797

OFFICE OF
MICHAEL B. HOLDEN, F.A.
212 S. E. EIGHTH STREET
SUITE 103
FORT LAUDERDALE, FLORIDA 33114
TELEPHONE (305) 522 0992
FAX (305) 522 5818

April 19, 1995

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

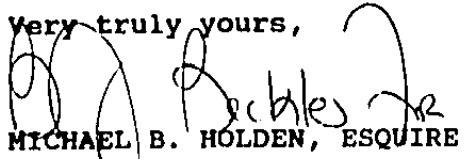
Re: Pro-Med Transcription, Inc.

000001463240
-04/24/95--01054--015
***122.50 ***122.50

Dear Sir/Madam:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents that cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

MICHAEL B. HOLDEN, ESQUIRE

MBH/bjb

Enclosures

Mailing Address of Corporation:

Pro-Med Transcription, Inc.
14468 Autumn Avenue
West Palm Beach, FL 33414

FILED
55 APR 24 PM 2:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. REGISTER APR 26 1995

ARTICLES OF INCORPORATION

JP of
PRO-MED TRANSCRIPTION, INC.
(name of corporation)

FILED
APR 24 1998
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:
PRO-MED TRANSCRIPTION, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares (500) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>PRO-MED TRANSCRIPTION, INC.</u>		
ADDRESS	<u>14468 Autumn Avenue</u>		
CITY	<u>West Palm Beach</u>	FLORIDA	ZIP <u>33414</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Lesley Paul - President</u>		
ADDRESS	<u>14468 Autumn Avenue</u>		
CITY	<u>West Palm Beach</u>	FLORIDA	ZIP <u>33414</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Lesley Paul - President</u>		
ADDRESS	<u>14468 Autumn Avenue</u>		
CITY	<u>West Palm Beach,</u>	STATE <u>FL</u>	ZIP <u>33414</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAM E	Lesley Paul - President		
ADDRESS	14468 Autumn Avenue		
CITY	West Palm Beach	STATE	FL ZIP 33414
NAM E			
ADDRESS			
CITY		STATE	
NAM E			
ADDRESS			
CITY		STATE	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 7th day of April, 1995.

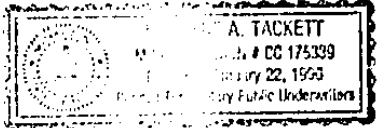
Lesley Paul (Seal)
 LESLEY PAUL / President
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF PALM BEACH) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Lesley Paul Signature FL DR. LIC. #P400-533-51-183 Form of Identification
 _____ Signature _____ Form of Identification
 _____ Signature _____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL Witness my hand and official seal in the County and State last aforesaid this 7 day of April, 1995
 Marlene Tackett Notary Signature
 MARLENE TACKETT Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
95 APR 26 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JP

PRO-MED TRANSCRIPTION, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 14468 Autumn Avenue, West Palm Beach, FL 33414

has named Lesley Paul

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

X Lesley Paul
(registered agent)

P95000032797

Pro-Med Transcription, Inc.

1616 South Club Drive

Wellington, FL. 33414

Phone: 1-561-795-1598

Fax: 1-561-792-0424

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

RE: Change of Address
EIN # 65-0577022

To Whom It May Concern:

Please note that the address of Pro-Med Transcription, Inc has been changed from 14468 Autumn Avenue to the above address.

Thank you,



Lesley M. Paul
Pro-Med Transcription, Inc.

KS^{6/9}