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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

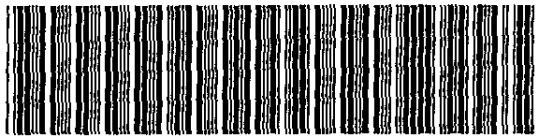
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VL
1/20/04

TRANSMITTAL LETTER

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

SUBJECT: Accurate Management Solutions, Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: Katherine A. Graci
Name (Printed or typed)

2324 Foxhaven Drive East
Address

Jacksonville, FL 32224
City, State & Zip

904-221-4887
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Accurate Management Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
2324 Foxhaven Drive East
Jacksonville, FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to provide management services for the medical community

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Karen G. Sawyer	12314 Peach Orchard Drive, Jacksonville, FL 32223	President
Linda T. Sharpe	2324 Foxhaven Drive East, Jacksonville, FL 32224	Vice President
Kristen L. Papke	13065 Tall Tree Drive South, Jacksonville, FL 32246	Secretary
Katherine A. Graci	284 Southlake Drive, St. Augustine, FL 32092	Treasurer

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Linda T. Sharpe
2324 Foxhaven Drive East
Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Katherine A. Graci
284 Southlake Drive
St. Augustine, FL 32092

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Linda T. Sharpe
Signature/Registered Agent — 1/6/2004 Date

Katherine A. Graci
Signature/Incorporator — 1/8/04 Date

Katherine A. Graci