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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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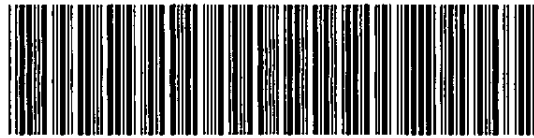
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVAL  
AND  
FILED  
10 JAN -11 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** DIVA TRANSCRIPTION SERVICES, INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RANDY D. FRY, CPA

Name of Person

RANDY D. FRY, CPA PC

Firm/Company

800 S. DETROIT STREET

Address

LAGRANGE, IN 46761

City/State and Zip code

randy fry@ligtel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDY FRY

Name of Person

at ( 260 ) 463-2390

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. DIVA TRANSCRIPTION SERVICES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MICHIGAN 3. 37-1458504  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/31/2003 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/24/2009  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 719 BILTMORE WAY APT #5, CORAL GABLES, FL 33134  
(Principal office address)

719 BILTMORE WAY APT #5, CORAL GABLES, FL 33134  
(Current mailing address)

8. MEDICAL TRANSCRIPTION SERVICES  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: KELLY GRIFFIN

Office Address: 719 BILTMORE WAY APT #5

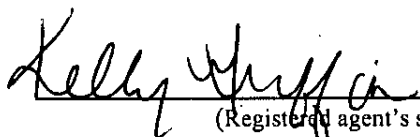
CORAL GABLES, Florida 33134  
(City) (Zip code)

10 JAN -14 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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AND  
FILED

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

10 JAN -4 AM 9:34

Chairman: EDWARD E. GRIFFIN, MD

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: 1218 CONSTITUTION AVENUE, STURGIS, MI 49091

Vice Chairman: CATHY M. GRIFFIN

Address: 1218 CONSTITUTION AVENUE, STURGIS, MI 49091

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: EDWARD E. GRIFFIN, MD

Address: 1218 CONSTITUTION AVENUE, STURGIS, MI 49091

Vice President: KELLY M. GRIFFIN

Address: 719 BILTMORE WAY APT #5, CORAL GABLES, FL 33134

Secretary: CATHY M. GRIFFIN

Address: 1218 CONSTITUTION AVENUE, STURGIS, MI 49091

Treasurer: CATHY M. GRIFFIN

Address: 1218 CONSTITUTION AVENUE, STURGIS, MI 49091

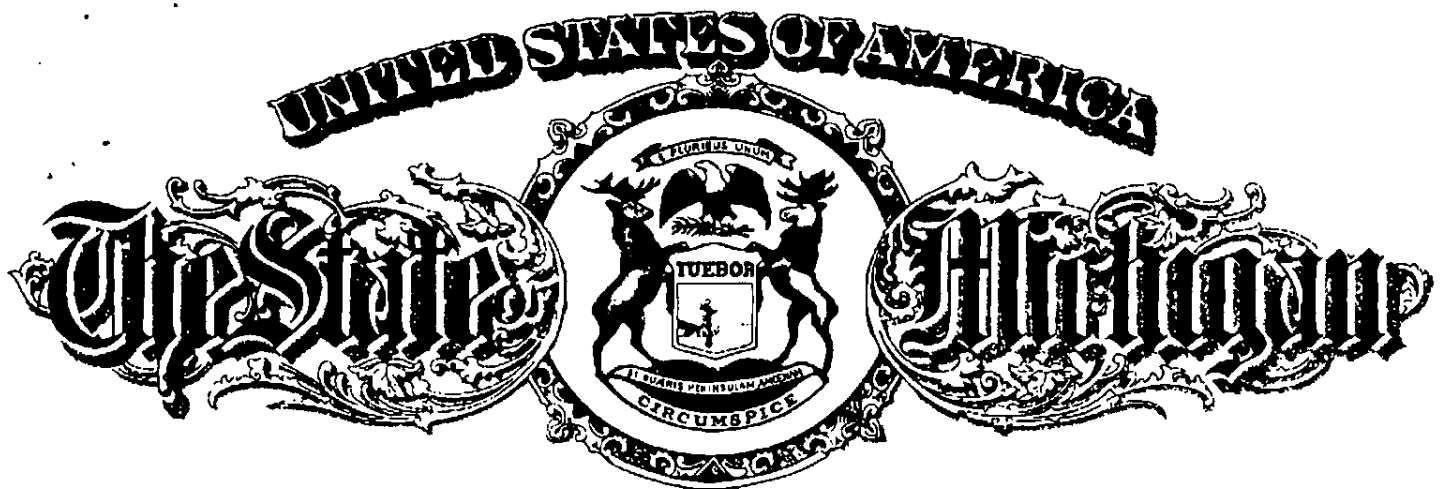
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. KELLY GRIFFIN, VICE-PRESIDENT

(Typed or printed name and capacity of person signing application)



Department of Energy, Labor & Economic Growth

Lansing, Michigan

This is to Certify That

**DIVA TRANSCRIPTION SERVICES, INC.**

was validly incorporated on January 31, 2003, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

10 JAN -6 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPROVED  
FILED

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of December, 2009.

Director

Bureau of Commercial Services