

वाम्मम्बद्धाः वस्त

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

Tallahassoo, FL 32314							
SUBJECT: Florida Community Health Information Network, Inc.  (Proposed corporate name - must include suffix)							
Enclosed for :	is an original a	and one (1) copy of \$78.75 Filing Fee & Certificate	the articles of inc \$122.50 Filing Fee & Certified Copy	\$131.20 Elling Fee, Cortified Copy & Certificate			
	FROM:	Name (Print 1515-61 Paul Add Taliahassee	143				
Daytime Telephone number							

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

#### ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

### ARTICLE I

The name of the corporation shall bo: Florida Community Health

Information Network, Inc.

#### **ARTICLE II**

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation

1515-61 Paul Russell Road Tallahassee, Florida 32301

### ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

To promote the development of community health information networks.

### ARTICLE IV Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

The method of selection of the members of the Board of Directors shall be defined in the By-Laws of the corporation

#### ARTICLE V Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

None

#### ARTICLE VI Initial registered agent and street address

The name and the street address of the initial registered agent is:

Donald E. Davis 1515-61 Paul Russell Road Tallahassee, FL 32301

## ARTICLE VII Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Donald E. Davis 1515-61 Paul Russell Road Tallahassee, F1 32301

The undersigned incorporator(s) has (his	evel executed these Articles of Incorporation
Signature(s) of incorporator(s):	, 19
I Grald I ha	Donald E. Davis
	Typed name of incorporator signing
	Typed name of incorporator signing
	Typed name of incorporator signing

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, 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 is:	Fiorida Community Mealth information			
	·	(must include suffix)			
		Network, Inc.			
2.	The name and address of the reg	stered agent and office is:			
	Donald E. Da	vis			
		(Namo)			
	1515-61 Paul Rus	ssell Road			
	(Street address	s - P. O. Box not acceptable)			
	Tallahassee, I	F1 32301			
		(City/State/Zip)			

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.

(Signature)

(Date)