

00 JUN - 5 AM 11: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

700003276727---2 -06/05/00--01095--018 *******78.75

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

| Enclosed is | an origina | al and one(1) copy of the article | es of incorporation and a | check for: | |
|-------------|------------|------------------------------------|-----------------------------|--|---------------------------|
| | 570.00 | \$78.75 | \$78.75 | □ \$87.50 | |
| Filin | ng Fee | Filing Fee & Certificate of Status | Filing Fee | Filing Fee, | |
| | | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of | |
| | | | | Status | |
| | | | ADDITIONAL CO | PY REQUIRED | , |
| | FROM: | Charles Name (Pr | inted or typed) | Okarles 20 | a/S DAVE |
| | | 303 BriCA | ble Rd | Arhel | le VI-RA I Incorporder |
| | | * Hollywood | FLA 330 Estate & Zip | Cont | -10/14/00 |
| | | 954 - 457 Daytime To |) - S/Q2 elephone number | ······································ | |

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

| in compitance with Chapter 607 and/or Chapter 621, F.S. (Pront) |
|--|
| ARTICLE I NAME The name of the corporation shall be: |
| Patient Records Access, Inc. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: |
| 3603 Bridge Rd |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: |
| Afterding Physicians Statements Retrieval |
| ARTICLE IV SHARES |
| The number of shares of stock is: |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Charles 2015 |
| ARTICLE VI REGISTERED AGENT |
| The name and Florida street address of the registered agent is: Charles Zolis |
| 2003 Bridge Rd Wollywood, FIA 33026 (Broward County) |
| ARTICLE VII INCORPORATOR |
| The <u>name and address</u> of the Incorporator is: |
| Charles Zasis 3003 Bridge Rd |
| ************************************** |
| 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 |
| Marlle Al 1/31/00 |
| Signature/Registered Agent/Incorporator Date/ |