

Polo600060369

Date: June 7, 2001

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32314

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-06/15/01-01083-004
*****70.00 *****70.00

Re: Health Information Management Associates, Inc

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$70.00

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

Very Truly Yours,

Stacie L. Buck

Stacie L. Buck
(Individual's name)
Health Information Management Associates, Inc
2062 Polo Gardens Drive #301
Wellington, FL 33414
(561) 784-8384
(Name of corporation)
Mailing Address & Phone Number

01 JUN 15 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

06/18

FILED

01 JUN 15 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
Health Information Management Associates, Inc.**

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 – Corporation Name

**The name of the Corporation is: Health Information Management Associates, Inc
2062 Polo Gardens Drive #301
Wellington, FL 33414**

Article II – Duration

The 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 one thousand shares (1,000) of one Dollar(s) (\$ 1.00 par value Common Stock, which shall be designated "Common Stock."

Article V – Initial Registered Office and Agent

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

**Name Stacie L. Buck
Address 2062 Polo Gardens Drive #301
City & State Wellington, FL 33414**

Article VI – Initial Board of Directors

This corporation shall have one (1) director 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:

**Stacie L. Buck
2062 Polo Gardens Drive #301
Wellington, FL 33414**

Article VII – Incorporators

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

Name Stacie L. Buck
Address 2062 Polo Gardens Drive #301
City & State Wellington, FL 33414

In witness whereof, the undersigned subscriber(s) have executed these Articles of Incorporation this 7th Day of June 2001.

Stacie & Buck

State of Florida)
County of Palm Beach) SS

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Stacie L. Buck

Known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before that she executed these Articles of Incorporation.

In witness whereof, I have hereunto affixed my hand, and seal, in the State and County aforesaid, this 12th day of June, 2001.

B. Annette Meechik



S. Annette Meredith

My Commission: 00000000

My Commission CC8661

FILED

01 JUN 15 PM12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

Certificate of Registered Agent of

Health Information Management Associates, Inc.

**Pursuant to Florida Statutes Sections 48.091 and 607.034, 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 2062 Polo Gardens Drive #301
Wellington, FL 33414**

**Has named Stacie L. Buck
Located at the aforesaid address, as its Registered Agent to accept service of process
within this state.**

ACKNOWLEDGEMENT

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

Stacie L. Buck
(Registered Agent)