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December 17, 2001

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*****78.50 *****78.50

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Betty P. Jones, P.A.
Full Moon Sportsman's Club, Inc.
Cindy Jones Medical Transcriptions, Inc.

Dear Sir/Madam:

I am enclosing an original and two (2) copies of the Articles of Incorporation for the following:

1. Betty P. Jones, P.A.
2. Full Moon Sportman's Club, Inc.
3. Cindy Jones Medical Transcriptions, Inc.
4. Three (3) checks payable to your order in the amount of \$78.50 each for the filing of each of the three (3) corporations.

Thank you for your prompt attention with regard to this matter.

Very truly yours,

LAWRENCE JOHN MIANO, P.A.

LJM:dm
Encls.

FILED
01 DEC 21 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. WHITE DEC 26 2001

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ARTICLES OF INCORPORATION
OF
CINDY JONES MEDICAL TRANSCRIPTIONS, INC.

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopts the following articles of incorporation for such corporation:

ARTICLE I

The name of the corporation is **CINDY JONES MEDICAL
TRANSCRIPTIONS, INC.**

ARTICLE II

This corporation may engage in any activity of business permitted under the laws of the United States and of this State.

ARTICLE III

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is one thousand (1,000) shares of common stock, each share having the par value of \$1.00 per share.

ARTICLE IV

The amount of capital with which this corporation shall begin business is \$500.00.

ARTICLE V

This corporation shall have perpetual existence.

ARTICLE VI

The initial street address of the principal office of this corporation is: **21227 N.W. COUNTY ROAD, 2054, GAINESVILLE, FLORIDA 32615.**

ARTICLE VII

The corporation shall have ONE director initially, whose name and street address are as follows: **CINDY A. JONES, 21227 N.W. COUNTY ROAD, 2054, GAINESVILLE, FLORIDA 32615.**

ARTICLE VIII

The names and street addresses of the subscribers to these Articles of Incorporation are as follows: **CINDY A. JONES, 21227 N.W. COUNTY ROAD, 2054, GAINESVILLE, FLORIDA 32615.**

ARTICLE IX

The name and address of the Registered Agent of this corporation is as follows:

**CINDY A. JONES
21227 N.W. COUNTY ROAD 2054
GAINESVILLE, FLORIDA 32615**

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this 10th day of December, 2001.

Cindy A. Jones
CINDY A. JONES

STATE OF FLORIDA)
)
COUNTY OF ALACHUA)

BEFORE ME, a Notary Public, authorized to take acknowledgements in the State and County set for the above, personally appeared CINDY A. JONES known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal, in the State and county aforesaid this 10th day of December, 2001.

[Signature]
Notary Public, State of Florida

My Commission Expires:



Lawrence John Miano
MY COMMISSION # CC714857 EXPIRES
February 14, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Florida Statute 607.0501, 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:

The name of the corporation is: **CINDY JONES MEDICAL
TRANSCRIPTIONS, INC., INC.**


The name of the Registered Agent is: **CINDY A. JONES**

The address of the Registered Agent/registered office is:

**21227 N.W. COUNTY ROAD 2054
GAINESVILLE, FLORIDA 32615**

ACCEPTANCE

Having been named as Registered Agent and designated to accept service of process for the above corporation, I hereby accept this 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.


CINDY A. JONES
Registered Agent for
CINDY JONES MEDICAL
TRANSCRIPTIONS, INC., INC.

FILED
01 DEC 21 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA