POACOS LETTER OF TRANSMITTAL LETTER OF TRANS

Department of State 000007244500-0 Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$70.00 **🖄** \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

1191-2553-1919 1202-243103

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

J9/5/02



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

2002 SEP -3 PM 2: 52

SECRETALLY OF STATE TALLAHASSEE FLORIDA

August 21, 2002

DEBORAH A. HATFIELD 520 4TH AVENUE NW LARGO, FL 33770

SUBJECT: DIRECT MEDICAL MANAGEMENT, INC.

Ref. Number: W02000024363

We have received your document for DIRECT MEDICAL MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 602A00049261

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME 2002 SEP -3 PM 2: 52
The name of the corporation shall be:
Direct Medical Managemental Data State
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 220 13th Street SW Suite#23 Largo, FL 33770
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Medical Billing, Collections, Practice Mant for Billing Consultants, ARTICLE IV SHARES
Billing Consultants, Doctors, Clinics,
ARTICLE IV SHARES The number of shares of stock is:
The number of shares of stock is.
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):
Deborah Hatfield - Danielle Schupp 570 11th Aus NIVAL
Deboran Hattield 705 Palm Circle
10 COO E/ 33 / 10
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> of the registered agent is:
Danielle Schupp 705 Paly Circle Walap, FL 33770
705 Paly Circle
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Deborah Hatfield
520 Hth Ave NW
Largo, FL 33770 **********************************
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
Solida Xali aa
Signature/Registered Agent Date
() () () () () () () () () ()
Schocald Walfells 8/15/02
Signature/Incorporator / Date

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