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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (305) 379-7907
Fax Number : (305) 402-3141

EFFECTIVE DATE
01-01-04

FLORIDA PROFIT CORPORATION OR P.A.
BUKOVINY MEDICAL TRANSCRIPTION INC.

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TALLAHASSEE, FLORIDA

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Articles Of Incorporation
OF

BUKOVINY MEDICAL TRANSCRIPTION INC.

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION
UNDER THE FLORIDA BUSINESS CORPORATION ACT, ADOPTS THE
FOLLOWING ARTICLES OF INCORPORATION:

FIRST: The name of the corporation is BUKOVINY
MEDICAL TRANSCRIPTION INC.

SECOND: The period of its duration is perpetual.

THIRD: The date of the commencement of the EFFECTIVE DATE
01-01-04
corporate existence shall be January 1, 2004.

FOURTH: The purpose or purposes for which the
corporation is organized is to engage in the transaction
of any or all lawful business for which the corporation
may be incorporated under the provisions of the Florida
Business Corporation Act.

FLORIDA INCORPORATORS, INC.
8875 Hidden River Pkwy, Ste 300 1
Tampa, FL 33637
(813) 632-7882

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FIFTH: The aggregate number of shares which the corporation shall have authority to issue is ONE THOUSAND (1,000) SHARES of capital stock, \$.001 par value each.

SIXTH: The number of directors constituting the initial Board of Directors of the corporation is ONE (1) and the name and address of the person who is to serve as director until the first annual meeting of shareholders or until her successor is elected and qualified is:

RUTH ANN BUKOVINY
10731 59TH AVENUE NORTH
SEMINOLE, FL 33772

SEVENTH: The name and address of the incorporator is:

RUTH ANN BUKOVINY
10731 59TH AVENUE NORTH
SEMINOLE, FL 33772

EIGHTH: The name and address of the initial registered agent and the initial registered office is:

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RUTH ANN BUKOVINY
10731 59TH AVENUE NORTH
SEMINOLE, FL 33772

NINTH: The mailing address and principal office of
the corporation is:

BUKOVINY MEDICAL TRANSCRIPTION INC.
10731 59TH AVENUE NORTH
SEMINOLE, FL 33772

DATED: January 5, 2004


RUTH ANN BUKOVINY
Incorporator

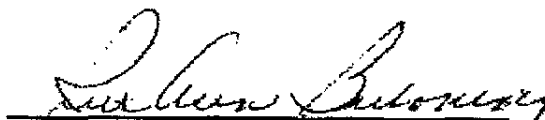
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ACCEPTANCE OF REGISTERED AGENT

I hereby am familiar with and accept the duties and
responsibilities as registered agent of the corporation.


RUTH ANN BUKOVINY