

P040000 12225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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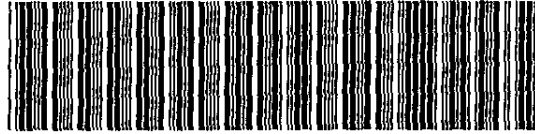
(Business Entity Name)

(Document Number)

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1/20/04

## TRANSMITTAL LETTER

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

**SUBJECT:** Accurate Management Solutions, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Katherine A. Graci  
Name (Printed or typed)

2324 Foxhaven Drive East  
Address

Jacksonville, FL 32224  
City, State & Zip

904-221-4887  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

Accurate Management Solutions, Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2324 Foxhaven Drive East

Jacksonville, FL 32224

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide management services for the medical community

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Karen G. Sawyer	12314 Peach Orchard Drive, Jacksonville, FL 32223	President
Linda T. Sharpe	2324 Foxhaven Drive East, Jacksonville, FL 32224	Vice President
Kristen L. Papke	13065 Tall Tree Drive South, Jacksonville, FL 32246	Secretary
Katherine A. Graci	284 Southlake Drive, St. Augustine, FL 32092	Treasurer

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Linda T. Sharpe  
2324 Foxhaven Drive East  
Jacksonville, FL 32224

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Katherine A. Graci  
284 Southlake Drive  
St. Augustine, FL 32092

\*\*\*\*\*

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

Linda T. Sharpe  
Signature/Registered Agent

1/6/2004  
Date

Katherine A. Graci  
Signature/Incorporator

1/8/04  
Date

Katherine A. Graci

FILED  
04 JAN 12 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA