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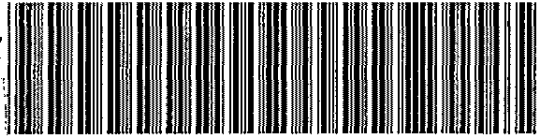
(Requestor's Name)

Sender's  
Name

Upchurch Jeffrey

Phone

407 363 5757



000040823840

Company

Address

5401 S.W. 8th Ave Suite # 310

Dept./Floor/Suite/Room

City

Orlando

State

FL

ZIP

32818

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

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Certificates of Status

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Office Use Only

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2004 SEP 23 A 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 17, 2004

JEFFREY UPCHURCH  
5401 S. KIRKMAN RD.  
SUITE 310  
ORLANDO, FL 32818

SUBJECT: SCHMIDT MEDICAL TRANSCRIPTIONS INC.  
Ref. Number: W04000034590

We have received your document for SCHMIDT MEDICAL TRANSCRIPTIONS INC.. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6934.

Loria Poole  
Document Specialist  
New Filings Section

Letter Number: 904A00055163

## TRANSMITTAL LETTER

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

**SUBJECT:** Schmidt Medical Billing & Computer Supplies, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Upchurch Jeffrey

Name (Printed or typed)

5401 S. Kirkman Rd., Ste. #310

Address

Orlando, FL 32819

City, State & Zip

(407) 926-0222

Daytime Telephone number

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

04 SEP 22 AM 10:50

RECEIVED

## 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:

Schmidt Medical Billing & Computer Supplies, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5401 S. Kirkman Rd., Ste. #310

Orlando, FL 32819

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To obtain and maintain a Medical Transcription license.

### **ARTICLE IV SHARES**

The number of shares of stock is:

50

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Andrew Schmidt - Manager  
1717 K Street NW, Suite #600  
Washington DC, 20036

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Upchurch Jeffrey  
5401 S. Kirkman Rd., Ste. #310  
Orlando, FL 32819

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Upchurch Jeffrey  
5401 S. Kirkman Rd., Ste. #310  
Orlando, FL 32819

\*\*\*\*\*

*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*

\_\_\_\_\_  
Signature/Registered Agent

09/21/04

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

09/21/04

\_\_\_\_\_  
Date

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