

**PD5000064601**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

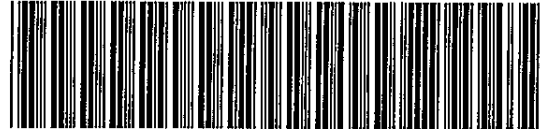
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**FILED**  
2005 MAY -3 A 8:46  
CLERK OF CIRCUIT  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: AccuProMed Transcription Services, 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: Julio C. Alvarez  
Name (Printed or typed)  
13214 SW 1 Terrace  
Address  
Miami, FL 33184  
City, State & Zip  
(305) 753-6491  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 21, 2005

JULIO C. ALVAREZ  
13214 SW 1 TERRACE  
MIAMI, FL 33184

SUBJECT: ACCUPROMED TRANSCRIPTION SERVICES, INCORPORATED  
Ref. Number: W05000020263

We have received your document for ACCUPROMED TRANSCRIPTION SERVICES, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signatures required.

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) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 305A00027510

THIS OFFER OF SERVICE IS NOT A GUARANTEE OF ANYTHING AND IS NOT A GUARANTEE OF ANYTHING.

**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:

AccuProMed Transcription Services  
Incorporated

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1342 SW 131 Place Circle East  
MIAMI, FL 33184-2025

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FOR PROFIT CORPORATION

**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):

Julio C. Alvarez, President  
13214 SW 1 Terrace  
MIAMI, FL 33184

John-Paul Piedra Vice-President  
13214 SW 1 Terrace  
MIAMI, FL 33184

**ARTICLE VI REGISTERED AGENT**

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

Julio C. Alvarez  
13214 SW 1 Terrace  
MIAMI, FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Julio C. Alvarez  
13214 SW 1 Terrace  
MIAMI, FL 33184

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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

X Julio C. Alvarez  
Signature/Registered Agent

April 11, 2005  
Date

X Julio C. Alvarez  
Signature/Incorporator

April 11, 2005  
Date