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Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870 Fax Number : (850)224-7047 5 JUN - 1 AM 9:43

FLORIDA PROFIT CORPORATION OR P.A.

AMERICAN MEDICAL TRANSCRIPTION, INC.

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CAPITAL CONNECTION

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ARTICLES OF INCORPORATION



OF

AMERICAN MEDICAL TRANSCRIPTION, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Fiorida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is AMERICAN MEDICAL TRANSCRIPTION, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation 7150 W. 20th Avenue, Pal-Med Building, Suite 412, Hisleah, FL 33016.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of one-dollar (1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Raymond A. Reiser, Raymond A. Reiser & Associates, P.A., 7150 W. 20th Avenue, Pal-Med Building, Suite 410, Hislanh, FL 33016.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The Name and Address of the initial director is Frank M. Todd, 7150 W. 20th Avenue, Pal-Med Building, Suite 412, Hialeah, FL 33016.

The undersigned has executed these Articles of Incorporation this 1" day of June 2005. "Capital Connection, Inc. by, "Leilani White, Client Representative."

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation. organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida. HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM PAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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