

**P05000079256**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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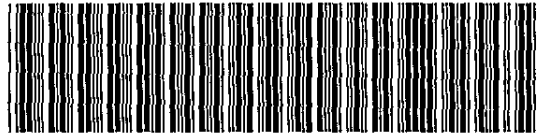
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2005 JUN - 1 A 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE JUN - 2 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** HOSPITAL INTEGRATION RESOURCES, 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:** BRUCE E. BRABEC, CPA

Name (Printed or typed)

407 MADISON AVENUE SOUTH

Address

EDINA, MN 55343-8448

City, State & Zip

952-935-4095

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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

HOSPITAL INTEGRATION RESOURCES, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

PO Box 1765  
Bradenton, FL 34206

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

COMMUNICATION CONSULTANTS FOR HOSPITALS AND CLINICS. LOW-VOLTAGE INSTALLATION.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000,000

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

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

RYAN A. HEINING 500 SECOND AVENUE SW HUTCHINSON, MN 55350 - Chief Operating Officer  
MICHELLE A. HEINING 500 SECOND AVENUE SW HUTCHINSON, MN 55350 - Chief Financial Officer  
DEBRA A. HEITZMAN 1918 NEW HAVEN COURT, SMYRNA GA 30080 - Chief Executive Officer

**ARTICLE VI REGISTERED AGENT**

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

Ruth Taylor  
619 Camellia Avenue  
Ellenton, FL 34222

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BRUCE E. BRABEC, CPA 407 MADISON AVENUE SOUTH EDINA. MN 55343

\*\*\*\*\*  
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

Ruth Taylor  
Signature/Registered Agent

5/25/05  
Date

Brabec  
Signature/Incorporator

5/25/05  
Date