

Florida Department of State  
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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

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## FLORIDA PROFIT CORPORATION OR P.A.

Treasure Coast Medical Records Review, Inc.

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# ARTICLES OF INCORPORATION

## OF

## Treasure Coast Medical Records Review, Inc.

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

### ARTICLE I: NAME

The name of the corporation is **Treasure Coast Medical Records Review, Inc.**

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **1100 S.W. St. Lucie West Blvd., Port St. Lucie, FL. 34986**

### 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 (\$1.00) per share.

**ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **David Mancini, 1100 S.W. St. Lucie West Boulevard., Port St. Lucie, Florida 34986**

**ARTICLE V: INCORPORATOR**

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

**ARTICLE VI: OFFICERS & DIRECTORS**


The name and address of the initial Officers and Directors of the corporation are:

**David Mancini, P/T, 1100 S.W. St. Lucie West Blvd., Port St. Lucie, Florida 34986**

**Andrew Reich, VP/S, 1100 S.W. St. Lucie West Blvd., Port St. Lucie, Florida 34986**

The undersigned has executed these Articles of Incorporation this 8<sup>th</sup> day of August 2005.

"Your Capital Connection, Inc. by, Weimar Lopez, 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.

1. The name of the corporation is: Treasure Coast Medical Records Review, Inc.

2. The name and street address of the registered agent and office is: David Mancini

1100 S.W. St. Lucie West Boulevard,  
Port St. Lucie, Florida 34986

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 FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
DAVID MANCINI

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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