# TRANSMITTAL LETTER **P950000 29 32 9**

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

SUBJECT: C&C Copy Service, Inc.

800001457848 -04/17/95--01047--005 +++\*122.50 +++\*122.50

(Pa	roposed corporate n	arne - must include suffi	ix)					
Enclosed is an original for :  \$70.00 Filing Fee	and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of  \$\frac{122.50}{\text{Filing Fea}} \$\text{Certified Copy}  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a ch	neck			
FROM:	. Ward W C	ampholl (printed or typed)		_				
Address  Jacksonville, F1. 32217  City, State & Zip								
Jacksonville, F1. 32217 SSR 3								
		ယ္ တ						
		Telephone number	2.50					
	<b>}</b>	B. REGISTER APR	11 1995 8, 61567	17671	+			

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



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 12, 1995

WARD W CAMPBELL 7072 PONCE DE LEON AVE APT 3 JACKSONVILLE, FL 32217

SUBJECT: C & C COPY SERVICE, INC.

Ref. Number: W95000007624

We have received your document for C & C COPY SERVICE, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

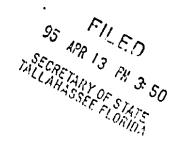
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Letter Number: 595A00016590

Beth Register Corporate Specialist Supervisor

### ARTICLES OF INCORPORATION



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

#### ARTICLE I NAME

The name of the corporation shall be: C & C Copy Service, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

The principal place of business will be in the Medical Records dept. of University Medical Center located at 655 W. 8th ST. Jax, F1. 32209 The mailing address of the corporation is P.O. BOX 40032 ARTICLE III SHARES Jax, F1. 32203-0032

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Ward W. Campbell 7072 Ponce De Leon Avenue Apt 3 Jacksonville, Fl. 32217

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ward W. Campbell 7072 Ponce De Leon Avenue apt.3 Jacksonville, Fl 32217

Glenetta R. Campbell 7072 Ponce De Leon Avenue Apt. 3 Jacksonville, Fl. 32217

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

Mark William Complete Signature

Signature

Signature

Signature

Complete

Signature

Articles of Incorporation Filing Fee - \$35

C & C COPY SERVICE, INC.

Ward W. Campbell hereby accepts the designation as Registered Agent for above corporation.

I hereby am familiar with and accept the duties and responsibilities as Registered Agent.

Ward W. Campbell

SECRETARY OF STATE

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PLEASE READ	ALL INSTRUCTION	IS BEFORE (	COMPLETING	THIS FORM.		
FOR Sand		DEPARTMENT OF STATE Indra B. Mortham Secretary of State		FILED		
DOCUMENT # P95000029329			96 NOV 15 PH 4: 17			
C & C COPY SERVICE, INC.			SECNETARY OF STATE TALLAHASSEE, FLORIDA			
				IVER 4 F 100 T-1		
Principal Place of Business  6SS W 8TH ST  MEDICAL RECORDS DEPT OF UNIV MEDICAL CNTR JACKSONVILLE FL 32209	UNIV MEDICAL CNTR		ATEMEN	A SERVICE CONTRACTOR OF THE SERVICE AND ADDRESS		
If above addresses are incorrect in any way, line through incorrect information and enter correct. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.		or correction below.	4. Date Incorporated or Qualified			
Suite, Apt. #, etc Suite, Apt. #, etc. P.O. Box 4003		032	To Do Business in 5. FEI Number	Florida 04	/13/1995	
City & State  Zip Country	City & State Jacksonville	FL	<u>59-330</u>	05664	Applied For Not Applicable	
7 Names and Street Addresses of Each Officer and/	_3aao3:0032 (	√is A ⊢	CERTIFICATE OF ST	ATUS DESIRED   58	5 Additional Fee required in a Certificate of Status	
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director Use Post Office Box N		City / Sta	te / Zip		
OEO Ward Campbe				01/0		
Sec. Glenetta Campt		Lalosa I	ľ		,FL 3aa17	
			500	002009° -11/20/960 ****375.00	7865 1073008 ****375.00	
S. Name and Advanced B				SBIF	-18-90	
8. Name and Address of Current Registered Agent  Name  Name  CAMPBELL, WARD W			9. Name and Address of New Registered Agent			
7072 PONCE DE LEON AVE APT 3	Street Address (P.O. Box Number is Not Acceptable)  4355 LA Losa Drive  Suite, Apt. W. Etc.					
JACKSONVILLE FL 32217		mit,	State	Zip Code		
Sign Nurs of Regit Fred Agent	e named corpc. Juon, any familyar w	vith and accopi the obli		FL       FL         FC   FC   FC   FC   FC   FC   F	33317	
11. Does this corporation pay ar Dept. of Revenue under S. 1	DISTRIPED AGENT MUST SIGN TY Intangible tax to the 199.032, Florida Stat	ne utes. Yes		(See other side I	or information	
12 I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu- owed by the corporation have been paid and the nation this application is true and accurate, and my sign.	er or trustee empowered to execute	this application as pro prate name satisfies the	vided for in chapter 607 e requirements of section	or 617, F.S. I further ce	rtify that when filing	
SIGNATURE: SIGNATURE AND TYPE OF THE	Wood W Cam	pbell the	ident (co) 1	1-8-96 09	104-757-3760	