

P95000031005

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1 800-342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

PAID  
55 APR 29 PM 1:20  
TALLAHASSEE, FL 32302

RE: Medical Mobility  
Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S -		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( ) _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) _____ pgs.		
<b>SUBTOTALS</b> _____		

800001461298  
-04/20/95-01062-018-  
\*\*\*\*\*70:00-\*\*\*\*\*70:00

FEE.....	\$ 10
DISBURSED.....	\$ 00
SURCHARGE.....	\$ 00
TAX on corporate supplies.....	\$ 00
SUBTOTAL.....	\$ 10
PREPAID.....	\$ 00
BALANCE DUE.....	\$ 10

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_

BY WALK CK No. \_\_\_\_\_

WALK-IN Will Pick Up 4/20 12:00

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

**ARTICLES OF INCORPORATION**  
**OF**  
**MEDICAL MOBILITY, INC.**

**FILED**  
**95 APR 20 PM 1:20**  
**CLERK OF CIRCUIT COURT**  
**IN THE STATE OF FLORIDA**

*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:

**MEDICAL MOBILITY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**5959 CATTLEMEN LANE**  
**SARASOTA, FL 34232**

**ARTICLE III SHARES**

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

**100 SHARES**

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

The name and address of the initial registered agent is:


**JANIS M. WILLIAMS**  
**5959 CATTLEMEN LANE**  
**SARASOTA, FL 34232**

**ARTICLE V INCORPORATOR(S)**

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

**ROBERT SICIGNANO  
5959 CATTLEMEN LANE  
SARASOTA, FL 34232**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 18th day of April, 1995.

A handwritten signature in cursive script, appearing to read "Robert Sicignano", is written over a horizontal line.

Signature

**Articles of Incorporation**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
95 APR 20 PM 1:21  
TALLAHASSEE, FLORIDA

*Pursuant to the provisions of sections 607.0501 or 615.0501, Florida Statutes, the undersigned 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:

**MEDICAL MOBILITY, INC.**

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

**JANIS M. WILLIAMS  
5959 CATTLEMEN LANE  
SARASOTA, FL 34232**

*Having 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.*

Signature

Date

*Janis M. Williams*  
*4/18/95*

**REGISTERED AGENT FILING FEE: \$35.00**

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314