

P95000043402

TRANSMITTAL LETTER

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

RECEIVED  
JUN 13 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: CompuMedic Network, Inc.  
(Proposed corporate name - must include suffix)

500001501465  
-05/30/95--01060--007  
\*\*\*\*131.25 \*\*\*\*131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

Moheb Iskander  
Name (printed or typed)

5301 Bellefield Dr.  
Address

Tampa, FL 33624  
City, State & Zip

(813) 960-2364  
Daytime Telephone number

NR Same!  
6/6/95  
JA

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

## 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:

*CompuMedic Network, Inc.*

### ARTICLE II PRINCIPAL OFFICE

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

*5301 Bellefield Dr.*

*Tampa, FL 33624*

### ARTICLE III SHARES

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

*100*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Mohab Iskander*

*5301 Bellefield Dr.*

*Tampa, FL 33624*

**ARTICLE V INCORPORATOR(S)**

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

Moheb Iskander  
Medhat Iskander  
5301 Balloufield Dr.  
Tampa, Fl 33624

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

24<sup>th</sup> day of May, 1995.

*Robert L. Karpman*

**Signature**

Signature  
Michael J. Shank

**Signature**

**Signature**

**Articles of Incorporation**  
**Filing Fee - \$35**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: CompoMedic Network, Inc.

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

Moheb Iskander  
(Name)

5301 Bellefield Dr.  
(P.O. Box not acceptable)

Tampa, FL 33624  
(City/State/Zip)

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.

Moheb Iskander  
(Signature)

5/24/95  
(Date)