

P95000045670

TRANSMITTAL LETTER

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

600001508036
-06/08/95--01019--015
****122.50 ****122.50

SUBJECT: Medical Management Software Franchise
(Proposed corporate name - must include suffix) Systems, Inc.

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

☐ \$70.00

☐ \$78.75

☒ \$122.50

☐ \$131.25

FILED
95 JUN -7 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM:

Merry Schiff

Name (printed or typed)

3225 S. MacDill Ave. # 250

Address

Tampa, FL 33629

City, State & Zip

813-258-3642

Daytime Telephone number

SHARON L. TALA

JUN 13 1995

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

FILED

95 JUN -7 PM 2: 11

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, 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 Management Software Franchise
Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3225 S. MacDill Ave. #250
Tampa, Fl. 33629

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:

Shery Christopher
3225 S. MacDill Ave. #250
Tampa, Fl. 33629

ARTICLE V INCORPORATOR(S)

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

Merry Schiff
3225 S. MacDill Ave. #250
Tampa, FL 33629

Eileen Andrade
3225 S. MacDill Ave. #250
Tampa, FL 33629

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

2 day of June, 1995.

Merry Schiff
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

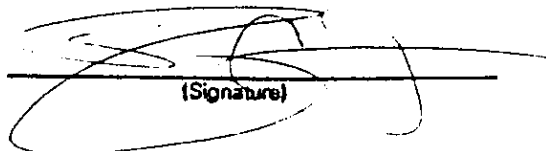
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is: Medical Management Software
Franchise Systems, Inc.

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

Shery Christopher
(Name)
3225 S. MacDill Ave. #250
(P.O. Box not acceptable)
Tampa, FL 33629
(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.


(Signature)

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