

P950000 70375

TRANSMITTAL LETTER

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

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

4000001586854
-09/18/95--01022--010
*****78.75 *****78.75

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
#146

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

PAMELA JANE HARRIS

Name (printed or typed)

5244 EMERSON VILLAGE Lane, Apt #108

Address

INDIANAPOLIS, IN 46237

City, State & Zip

317-781-6799

Daytime Telephone number

SHARON L. TALA

SEP 13 1995

51
9/13

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

Medical Records Management, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5244 Emerson Village P.O. Box 17640
Lane, Apt #108
Indpls, IN 46237 Indianapolis, IN 46217-0640

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:

SALLY Jo HARRIS
6461 Pumpkin Seed Circle #227
BOCA RATON, FL 33433

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Pamela Jane Harris - President
5244 Emerson Village Lane
Apt. # 108
Indianapolis, IN 46237

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

10th day of September, 19 95

Pamela Jane Harris
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 Records Management, Inc.

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

Sally Jo HARRIS
(NAME)

6461 Pumpkin Seed Circle #227
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

Boca Raton, FL 33433
(CITY/STATE/ZIP)

65 SEP 13 1995
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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.

Sally Jo Harris
(SIGNATURE)

9-5-95
(DATE)