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**FILED**  
96 JAN -2 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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96 JAN -2 AM 11:29

DIVISION OF CORPORATION

OFFICE USE ONLY (Document #)

**ANN HILL/SMITH & THOMPSON, P.A.**  
(Requestor's Name)

**3520 Thomasville Road, 4th Floor**  
(Address)

**Tallahassee, Florida 32308 893-4105**  
(City, State, Zip) (Phone #)

000001675510  
-01/02/96--01070--019  
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OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Medical Outcome Systems, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy
- ☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**BROWN JAN - 2 1996**

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
MEDICAL OUTCOME SYSTEMS, INC.

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TALLAHASSEE, FLORIDA

ARTICLE I.

The name of this corporation is: **MEDICAL OUTCOME SYSTEMS, INC.**, whose principal address is the same as the registered address.

ARTICLE II.

This corporation is organized for the purpose of transacting any or all lawful business permitted under the Laws of the United States and of the State of Florida.

ARTICLE III.

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is Seven Thousand Five Hundred (7,500) shares capital stock having a par value of One Dollar (\$1.00) each.

ARTICLE IV.

This corporation shall have perpetual existence.

ARTICLE V.

The number of directors that the corporation shall have shall be not less than one (1) but may be such greater number as may be elected by the shareholders from time to time in accordance with the Bylaws of the corporation.

ARTICLE VI.

The names and post office addresses of the members of the first Board of Directors, who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and has qualified are:

Name

Christopher R. Gray

Post Office Address

10440 Rolling Brook Court  
Jacksonville, Florida 32256

Jacksonville, Florida 32256

David V. Shoochan, M.D.,

611 Warren Road  
Lutz, FL 33549

ARTICLE VII.

The name and post office address of the incorporator of this corporation is as follows:

Name

Post Office Address

Christopher R. Gray

10440 Rolling Brook Court  
Jacksonville, Florida 32256

ARTICLE VIII.

The street address of the initial registered office of this corporation is 10440 Rolling Brook Court, Jacksonville, Florida 32256, and the name of the initial registered agent of this corporation at that address is Christopher R. Gray.

ARTICLE IX.

The address of the principal office of this corporation is 10440 Rolling Brook Court, Jacksonville, Florida 32256.

ARTICLE X.

This corporation reserves the right to amend, alter, change or repeal any provisions contained in its Articles of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon shareholders herein are granted subject to this reservation.

THE UNDERSIGNED, being the original incorporator hereinafter named for the purpose of forming a corporation to do business both within and without the State of Florida, to make, subscribe, acknowledge, and file these Articles, hereby declares and certifies that the facts herein stated are true and accordingly have hereunto set my hand and seal this 28<sup>th</sup> day of December, 1995.

Signed, sealed and delivered  
in the presence of:

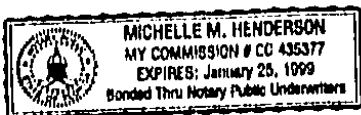
Patricia Alley

Christopher R. Gray  
Christopher R. Gray

STATE OF FLORIDA )  
COUNTY OF DUVAL )

BE IT REMEMBERED that on this 28<sup>th</sup> day of December, 1995, personally came before me, Christopher R. Gray, party to the foregoing Articles of Incorporation, and who is personally known to me and acknowledged the said Articles to be the act and deed of the signer and that the facts therein stated are truly set forth.

GIVEN under my hand and seal of office the day and here aforesaid.




*Michelle M. Henderson*  
\_\_\_\_\_  
Notary Public, State of  
Florida at Large  
My Commission Expires: 1/25/99

CERTIFICATE NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 48.091, Florida Statutes, the following is submitted:

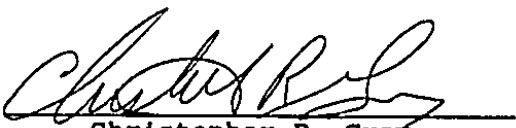
That MEDICAL OUTCOME SYSTEMS, INC., a corporation duly organized and existing under the laws of the State of Florida, with its registered office being at 10440 Rolling Brook Court, Jacksonville, Duval County, Florida 32256, has named Christopher R. Gray as its registered agent to accept service of process within this state.

  
By: Christopher R. Gray  
Incorporator

ACCEPTANCE

Having been named to accept service of process from the above-stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Florida Statutes relative to keeping open said office.

December 28<sup>th</sup>, 1995

  
Christopher R. Gray