

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



SUBJECT: Modical Transcribers & Dictation Corp.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$\_\_\_\_70\_00\_\_\_\_.

800001687058 -01/11/96--01066--025 \*\*\*\*\*70.00 \*\*\*\*\*70.00

FROM:

Christine Allopenna Poes
Name (printed or typed)

10447 Gannet Auc
Address

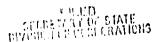
Booksulle F1 34613
City, State, & Zip

904-596-1383

Telephone Number

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

ct.1/10/200



## ARTICLES OF INCORPORATION 96 JMILL PH In 15

OF

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 Transcribers & Dictation Corp.

#### ARTICLE II PRINCIPAL OFFICE

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

10447 Gannet Ave., Brooksville, Fl 34613

#### ARTICLE III SHARES

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

200 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christine Allopenna 10447 Gannet Ave., Brooksville, FL 34613

### ARTICLE V INCORPORATORIS

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

Christine Allopenna President 10447 Gannet Ave., Brooksville, FL 8 Tres. 34613 904-596-9266

Steven C. Allopenna VP, Sec. 10447 Gannet Ave., Brooksville FL. 34613 904-596-9266

Articles of Incorporation Filing Fee - \$35

Signuture

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida 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 TRANSCRIBERS & Distrition Corp.		
•		CORP.		·
2.	The name and address of the reg	pistered agent and office is:	un.	! !
	Christine Allopenna		(A)	
	10447 Gannet Ave.	(Name)	(1) ga (2) ga (2) ga (4) ga (4	344 344 344
	(P.	O. Box NOT acceptable)	- 13	
	Brooksville, FL 34613		212	.,01
		(City/State/Zip)	, , , , , , , , , , , , , , , , , , ,	<del>- 2</del> 8
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sta 95 Dro	ted corporation at the place designa- registered agent and agree to ac visions of all statutes relating to th	ngent and to accept service of process for ated in this certificate, I hereby accept the a ct in this capacity. I further agree to comp ne proper and complete performance of my igations of my position as/egistered age:pt.	ppointn ply with duties	nent
	•	SIGNATURE Thus be alle		ر
		DATE 1-10-95		<u> </u>

REGISTERED AGENT FILING FEE: \$35.00