

P96000004393
TRANSMITTAL LETTER

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

65 JUN 11 PM 4:15
DIVISION OF CORPORATIONS
STATE OF FLORIDA

SUBJECT: Medical 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 Pres
Name (printed or typed)

10447 Gannet Ave
Address

Brooksville FL 34613
City, State, & Zip

904-596-1383
Telephone Number

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

g. 1/14/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN 11 PM 4:15

ARTICLES OF INCORPORATION

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 INCORPORATOR(S)

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
& Treas. 34613 904-596-9266

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

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

10 day of Jan, 1996.

Christine Allopenna President / Treas.
Signature

Steven C. Allopenna V. P.
Signature

Signature

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

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

Pursuant to the provisions of sections 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 TRANSCRIBERS & Dictation Corp.
CORP.

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

Christine Allopenna
10447 Gannet Ave.
Brooksville, FL 34613
(Name)
(P.O. Box NOT acceptable)
(City/State/Zip)

FILED
STATE
CORPORATIONS
SECTION
JAN 11 PM 16 15

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

DATE

Christine Allopenna
1-10-95

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314