

P96000013368

TRANSMITTAL LETTER

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

FILED
96 FEB 08 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Medical Automation Process, Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

Joseph C. Grane
Name
5504 Stag Thicket Lane
Address
Palm Harbor, FL 34685
City, State, & Zip
(813) 787-8486
Telephone Number

60000171037'S
-02/08/96--01057--010
****122.50 ****122.50

Joe GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art II
DATE 2-13
DOZ. EXAM. ST

Note: Additional copy of articles is needed only when certified copy is requested.

1/5 2/13

ARTICLES OF INCORPORATION

OF

Medical Automation Process, Inc.

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.

FILED
96 FEB -8 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Medical Automation Process, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5504 Stag Thicket Lane
Palm Harbor, FL 34685

ARTICLE III CAPITAL STOCK

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

500 Shares @ \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Joseph C. Grane
5504 Stag Thicket Lane
Palm Harbor, FL 34685

ARTICLE V INCORPORATOR(S)

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

James C. Grane - President
5504 Stag Thicket Lane
Palm Harbor, FL 34685

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

5th day of February, 19 96.

James C. Grane President
Signature/Title

Signature/Title

Signature/Title

**CERTIFICATE OF DESIGNATION
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 Automation Process, Inc.

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

Joseph C. Grane

(NAME)

5504 Stag Thicket Lane

(P.O. BOX NOT ACCEPTABLE)

Palm Harbor, FL 34685

(CITY/STATE/ZIP)

FILED
96 FEB -8 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SIGNATURE

Joseph C. Grane
(corporate officer)

TITLE President

DATE 2-5-1996

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

Joseph C. Grane

DATE February 5, 1996

REGISTERED AGENT FILING FEE: \$35.00