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TRANSMITTAL LETTER

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

EDDOCUT 751375 -03/23/06--010/6--006 -++++70.00 ++++70.00

SUBJECT: Express Medical Office Systems, Inc. (Proposed corporate name - must include sulfix)

Enclo	sed is an origina	l and one (1) co	py of the articles o	f incorporation	and a ched	ck	
Ю .	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required	SECHWINSTS SECHWINSTS	ာ	
	FROM:		DRIDA DRIDA	PII 12: 59	المراجعة ا المراجعة المراجعة الم		
Pt		904/	Address FL 3.3.5 7. State & Zip B77-6534 Telephone number		DIVISION OF CORPORATIO	96 MAR 28 PM 12: 37	RECEIVED

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:

Express Medical Office Systems, Inc.

PRINCIPAL OFFICE ARTICLE II

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

R+ 2 Box 82B Quincy , FL 30351

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:

Kit Clayton Rta Box 82-B Quincy, FL 32351

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):

Kit Clayton CEO R+2 Box 82B Quincy, FL 32351

Larry Clayton PRES
R+ 2 Box 82 B
Quincy, FL 37356

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

19 day of March, 19 96.

Kit Clayfon, CEO
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: Express Medical Office Systems, Inc
- 2. The name and address of the registered agent and office is:

RIA COUNTRY (NAME)

RIA BOX E2-B

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

CRUING (OTTY/STATE/ZIP)

RIA BOX E2-B

FINANCE STATE/ZIP

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.

Kit Claylon 3-19-96 (SIGNATURE) (DATE)