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TRANSMITTAL LETTER

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

500001703285  
-03/29/96--01104--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Extensive Medical Management Transcription, Inc  
(Proposed corporate name - must include suffix)

FILED  
95 APR 12 AM 11:46  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FILED  
95 APR 12 AM 11:46  
TALLAHASSEE, FLORIDA

FROM:

Sheri R. Frazier  
Name (printed or typed)

136 Viscaya Avenue Suite A  
Address

Royal Palm Beach, FL 33411-1004  
City, State & Zip

407-795-2794  
Daytime Telephone number

F. CHESSEY APR 15 1996

608 -615

196A 1542-3

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 4, 1996

SHERI R FRAZIER  
136 VISCAYA AVE STE A  
ROYAL PALM BEACH, FL 33411-1004

SUBJECT: EXTENSIVE MEDICAL MANAGEMENT TRANSCRIPTION, INC.  
Ref. Number: W96000007287

We have received your document for EXTENSIVE MEDICAL MANAGEMENT TRANSCRIPTION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 196A00015423

## 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.

FILED  
95 MAR 12 PM 11:46  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

*Extensive Medical Management Transcription, Inc.*

### ARTICLE II PRINCIPAL OFFICE

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

*136 Viscaya Avenue Suite A  
Royal Palm Beach, FL 33411-1004*

### ARTICLE III SHARES

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

*1,000 Shares*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sheri R. Frazier  
136 Viscaya Avenue  
Royal Palm Beach, FL 33411-1004

**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):

Sheri R. Frazier  
136 Viscaya Avenue Suite A  
Royal Palm Beach, fl 33411-1004

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

24th day of March, 1996.

(An additional article must be added if an effective date is requested.)

Sheri R. Frazier  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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:

EXTENSIVE MEDICAL MANAGEMENT  
TRANSCRIPTION, INC.

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

SHERI R. FRAZIER  
(NAME)

136 VISCAYA AVENUE

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

ROYAL PALM BEACH, FL. 33411-1004  
(CITY/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.*

Sheri R. Frazier  
(SIGNATURE)

3/8/96  
(DATE)