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TRANSMITTAL LETTER

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

500001708285
-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
DEPARTMENT OF STATE
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 11:45
DEPARTMENT OF STATE
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 15423

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
FEB 12 AM 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)

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