P96000450)

MEDICAL OFFICE MANAGERS, INC. 17981 NW 13 STREET
PEMBROKE PINES, FL 33029
(305) 432-0532

April 24, 1996

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

re: Medical Office Managers, Inc.

To Whom it May Concern:

Enclosed please find the original and one copy of Articles of Incorporation for the above captioned corporation, along with a check in the amount of \$131.25.

This represents the cost of filing fees, certified copy and fee for Registered Agent. Thank you for your time and attention.

Respectfully,

Romayne N. Jones

W96-9385

SIGNUSO 1 77 SISC 77 SISC -04/29/96--011/20--003

****131.25 ****131.25



May 2, 1996

ROMAYNE N. JONES 17981 NW 13TH STREET PEMBROKE PINES, FL 33029

SUBJECT: MEDICAL OFFICE MANAGERS, INC.

Ref. Number: W96000009385

We have received your document for MEDICAL OFFICE MANAGERS, INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6878.

Letter Number: 296A00021332

Terri Buckley Corporate Specialist

ARTICLES OF INCORPOBATION

QE

MEDICAL OFFICE MANAGEMENT SYSTEMS, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE L NAME

The name of the corporation shall be:

Madkakkakkakkakkakkakkkkkak Medical Office Management Systems, Inc.

The principal place of business of this corporation shall be:

17981 NW 13 Street Pembroke Pines, FL 33029

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED SHARES (500) OF ONE DOLLAR (\$1.00) PAR VALUE STOCK

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their sucessor(s) is (are) elected, is(are):

President and Director - Romayne N. Jones 17981 NW 13 Street Pembroke Pines, FL 33029

Vice-President and Director - John E. JOnes, Jr. 17981 NW 13 Street Pembroke Pines, FL 33029

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

Romayne N. Jones, 17981 NW 13 Street, Pembroke Pines, FL 33029 John E. Jones, Jr. 17981 NW 13 Street, Pembroke Pines, FL 33029

Articles of incorporation this 15	day of, 19 <u>96</u> .
	Signature(s) of incorporator(s)
	CECombon.
STATE OF FLORIDA COUNTY OF Broward	
THE FOREGOING instrument was	acknowledged and sworn to before me this
15 day of March	, 19 <u>96</u> , by <u>Rcmayne N. Jones</u> (Name of Incorporator)
of <u>Medical Office Managers</u> ,	(Name of Corporation)
	- Carely Shimmen
	Notary Public Notary Public Notary Fibrida Public State of Florida Public My Comm. Exp: 10/09/383 William Comm#: CC412314
(SEAL)	My Commission Expires.

CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 OFFICE MANAGEMENT SYSTEMS, INC.
2.	The name and address of the registered agent and office is:
	Romayne N. Jones
	17981 NW 13 Street
	(P. O. BOX NOT ACCEPTABLE)
	Pembroke Pines, FL 33029
	(CITY/STATE/ZIP)
	SIGNATURE Corporate Officer)
	TITLE President
	DATEMarch 15, 1996
AGR PRO PER	VING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED REPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY REE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE DVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE FORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF TION 607.325 FLORIDA STATUTES.
	SIGNATURE (Registered Agent) DATE March 15, 1996