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BASIC ACCOUNTING SE	RVICES INC.		-			
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Acknowledgment

W.P. Verifyer

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### ARTICLE OF INCORPORATION

96 AUG 26 PH 4: 13

<u>of</u>

TALLAHASSEE, FLORIDA

M.P.V. MEDICAL TRANSCRIPTION, 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 I NAME

The name of the corporation shall be: M.P.V. MEDICAL TRANSCRIPTION, INC.

The principal place of business of this corporation shall be: 121 NW. 30 AVE. Miami, F1.33125

### 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 State, 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:  $_{100}$  x \$ 10.00= \$ 1,000.00

### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE Y OFFICERS DIRECTORS

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

Moria P. Vazquez

Director

121 NW. 30 Ave.

Miami, F1.33125

# ARTICLE VI INCORPORATOR (S)

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

Maria P. Vazquez President, Secretary & Treasurer

121 NW. 30 Ave.

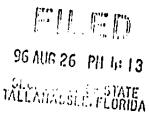
100 shores

Miami, F1.33125

The undersigned has(have) executed these Article of Incorpora tion this 21 th. day of August ,19 96 .

Signature/Title

Signature/Title



# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The	name of the corporation is:
	M.P.V. MEDICAL TRANSCRIPTION, INC.
The	name and address of the registered agent and office
is_	
	(Name)
	121 NW. 30 Ave.
	(P. O. BOX NOT ACCEPTABLE)
	Miami, F1.33125
	(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE	x Maria	Tralixe	EEM
DATE	8-21-96	17	