

996000076953  
TRANSMITTAL LETTER

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

Subject: **I.C.E. MEDICAL TRANSCRIPTIONS, INC.**

(Proposed corporate name - must include suffix)

Enclosed is an original and (1) copy of the articles of incorporation and a check for \$122.50 For the Filing Fee and A Certified Copy.

From: **IRMA CHANDLER**  
**6408 PELICAN DR. SO.**  
**ST. PETERSBURG, FL 33707**

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-09/16/96--01053--011  
\*\*\*\*122.50 \*\*\*\*122.50

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

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WILLIAMSON

**ARTICLES OF INCORPORATION  
OF**

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JL  
JDA

**I.C.E. MEDICAL TRANSCRIPTIONS, INC.**

*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:*

**I.C.E. MEDICAL TRANSCRIPTIONS, INC.**

**ARTICLE II    PRINCIPAL OFFICE**

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

**6408 PELICAN DR. SO.  
ST. PETERSBURG, FL 33707**

**ARTICLE III    SHARES**

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

**1,000 ( ONE THOUSAND)**

**ARTICLE IV    INITIAL REGISTERED AGENT AND  
STREET ADDRESS**

*The name and address of the initial registered agent is:*

**IRMA CHANDLER  
6408 PELICAN DR. SO.  
ST. PETERSBURG, FL 33707**

**ARTICLE V INCORPORATOR(S)**

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

IRMA CHANDLER  
6408 PELICAN DR. SO.  
ST. PETERSBURG, FL 33707

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

Day of , 19 .

X *Irma H Chandler*  
\_\_\_\_\_  
\_\_\_\_\_

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/ REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 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 AGENT,  
IN THE STATE OF FLORIDA.**

1. The name of the corporation is:

**I.C.E MEDICAL TRANSCRIPTIONS, INC.**

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

**IRMA CHANDLER  
6408 PELICAN DR. SO.  
ST. PETERSBURG, FL 33707**

*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.*

*Irma H. Chandler*  
\_\_\_\_\_  
(Signature)

**DIVISION OF CORPORATIONS  
P.O. BOX 6327, TALLAHASSEE, FL**

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