

# P96000104059

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
96 DEC 30 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL DEC 30 1996

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY AAP \_\_\_\_\_

WALK-IN  
Will Pick Up 1230 1100

No 53357

RE: Southeast Medical  
Management Inc.

C.C. FEE. DISBURSED

☒ Capital Express™  
☒ Art. of Inc. File \_\_\_\_\_  
\_\_\_\_\_  
Corp. Record Search \_\_\_\_\_  
\_\_\_\_\_  
Ltd. Partnership File \_\_\_\_\_  
\_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
☒ ( ) Cert. Copy(s) \_\_\_\_\_  
\_\_\_\_\_  
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Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_  
Dissolution/Withdrawal \_\_\_\_\_  
\_\_\_\_\_  
C U S- \_\_\_\_\_  
\_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
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Name Reservation \_\_\_\_\_  
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Annual Report/Reinstatement \_\_\_\_\_  
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Reg. Agent Service \_\_\_\_\_  
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Document Filing \_\_\_\_\_  
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Corporate Kit \_\_\_\_\_  
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Vehicle Search \_\_\_\_\_  
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Driving Record 500002040795--8  
\_\_\_\_\_  
Document Retrieval -12/30/96--01019--022  
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\*\*\*122.50 \*\*\*122.50  
\_\_\_\_\_  
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UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_  
File No.'s, \_\_\_\_\_ Copies \_\_\_\_\_  
\_\_\_\_\_  
Courier Service \_\_\_\_\_  
\_\_\_\_\_  
Shipping/Handling \_\_\_\_\_  
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Phone ( ) \_\_\_\_\_  
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Top Priority \_\_\_\_\_  
\_\_\_\_\_  
Express Mail Prep. \_\_\_\_\_  
\_\_\_\_\_  
FAX ( ) \_\_\_\_\_ pgs. \_\_\_\_\_

SUBTOTALS \_\_\_\_\_

FEE.....  
DISBURSED.....  
SURCHARGE.....  
TAX on corporate supplies.....  
SUBTOTAL.....  
PREPAID.....  
BALANCE DUE.....  
.....

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 10% per Annum.

THANK YOU  
from  
Your Capital Connection

ARTICLES OF INCORPORATION  
OF  
SOUTHEAST MEDICAL MANAGEMENT, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Southeast Medical Management, Inc.

**ARTICLE II - PRINCIPAL OFFICE**

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

4575 Whimbrel Place  
Winter Park, FL 32839

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Sixty (60) shares at no par value.

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

The name and address of the initial registered agent is:

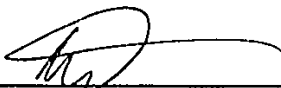
Scott Wittmer  
4575 Whimbrel Place  
Winter Park, FL 32839

**ARTICLE V - INCORPORATORS**

The name and street address of the incorporator of these Articles of Incorporation is:

Scott Wittmer  
4575 Whimbrel Place  
Winter Park, FL 32839

The undersigned incorporator has executed these Articles of Incorporation this 8 day of December 1996.



Scott Wittmer

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE OF  
SOUTHEAST MEDICAL MANAGEMENT, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 OFFICE\REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is: Southeast Medical Management, Inc.
2. The name and address of the registered agent and office is:

Scott Wittmer  
4575 Whimbrel Place  
Winter Park, FL 32839

*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.*



Signature

12/8/86

Date