

# 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 \$ \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

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

BY \_\_\_\_\_

WALK-IN Will Pick Up 1/21 12:00

RE: Express medical  
Transcription, Inc.

C.C. FEE. DISBURSED

☒ Capital Express™  
☒ Art. of Inc. File  
\_\_\_\_ Corp. Record Search  
\_\_\_\_ Ltd. Partnership File  
☒ Foreign Corp. File  
\_\_\_\_ ( ) Cert. Copy(s)

\_\_\_\_ Art. of Amend. File  
\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_ C U S-  
\_\_\_\_ Fictitious Name File

\_\_\_\_ Name Reservation  
\_\_\_\_ Annual Report/Reinstatement  
\_\_\_\_ Reg. Agent Service  
\_\_\_\_ Document Filing

\_\_\_\_ Corporate Kit  
\_\_\_\_ Vehicle Search  
\_\_\_\_ Driving Record  
\_\_\_\_ Document Retrieval

\_\_\_\_ UCC 1 or 3 File  
\_\_\_\_ UCC 11 Search  
\_\_\_\_ UCC 11 Retrieval  
\_\_\_\_ File No.'s, \_\_\_\_\_ Copies  
\_\_\_\_ Courier Service  
\_\_\_\_ Shipping/Handling  
\_\_\_\_ Phone ( )  
\_\_\_\_ 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, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

FILED  
97 JAN 21 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
97 JAN 21 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Express Medical Transcription, Inc.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **Express Medical Transcription, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 203 B. West Morgan Street, Brandon, Florida 33510.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is seven thousand five hundred shares (7,500) having a par value of (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is R. JERRREY STULL, ESQUIRE, Stull & Barber, P.A., 602 South Boulevard, Tampa, Florida 33606.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of each member of the initial Board of Directors of the corporation is


Alan Tessier

Debra Tessier

Post Office Box 417, Valrico, Florida 33595.

The undersigned has executed these Articles of Incorporation this 21st day of January 1997.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

  
\_\_\_\_\_

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

**FILED  
97 JAN 21 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

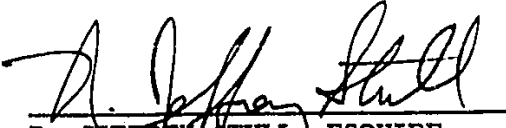
Pursuant to the provisions of Section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_  
Express Medical Transcription, Inc.

2. The name and street address of the Registered Agent and office is:

**R. JEFFREY STULL, ESQUIRE  
Stull & Barber, P.A.  
602 South Boulevard  
Tampa, Florida 33606**

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 power and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
**R. JEFFREY STULL, ESQUIRE  
Stull & Barber, P.A.  
602 South Boulevard  
Tampa, Florida 33606  
(813) 251-3914**