# P9700007882

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

SUBJECT: Satellite Medical Transcription, Inc. (Proposed corporate name - must include suffix)							
90002063279—1 -01/21/9701034009 Enclosed is an original and one(1) copy of the articles of incorporation and a check for***122.50 ****122.50							
S70.00 Filing Fee		<b>23</b> \$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate				
		ADDITIONAL CO	PY REQUIRED				
FROM: _	Ann M. Rowley Name (Printed of	or typed)	- FEE 97	, market			
670 Bimini Rd. S是 2 日				FILE			
Satellite Beach, FL 32937 City, State & Zip							
-	(407) 773-2956  Daytime Telepho	ne number					

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

#### ARTICLES OF INCORPORATION

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:

Satellite Medical Transcription, Inc.

FILED
97 JM 21 PM 8: 4.9
SECRETARY OF STATE
TALLALLISSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

670 Bimini Rd. Satellite Beach, FL 32937

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ann M. Rowley 670 Bimini Rd. Satellite Beach, FL 32937

#### ARTICLE V INCORPORATOR(S)

### See instructions for officers/directors

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

Ann M. Rowley 670 Bimini Rd. Satellite Beach, FL 32937

The und	dersigned incorporator(s) has(	have) executed these Articles of Incorporation th
07	day of January	, 19 <u>97</u> .
(An add	itional article must be added i	f an effective date is requested.)
· ,	Qnin	M Rowley Signature
		Signature
		Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Satellite Medical Transcription	on, Inc.
2. The name and address of the register	ered agent and office is:	97 JA
Ann M. Rowley		N 2
	(NAME)	- SERVICE - M
670 Bimini Rd.		F STA
(P.O. Box	or Mail Drop Box NOT ACCEPTABLE)	- Self to
Satellite Beach	h, FL 32937	
	(CITY/STATE/ZIP)	<del></del>
corporation at the place designated in agent and agree to act in this capacity	gent and to accept service of process this certificate, I hereby accept the app y. I further agree to comply with the pr erformance of my duties, and I am famili ed agent.	ointment as registered
am M. Row (SIGNATURE	Leny	197