

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

P97000064997

medical Electronic
Processing Systems, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Name Reservation _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by: CJB

Name _____

Date 7-28

Time 930

Walk-In _____

Will Pick Up _____

RP
7-28-97

**ARTICLES OF INCORPORATION
OF
MEDICAL ELECTRONIC PROCESSING SYSTEMS, INC.**

The undersigned, for the purposes of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation is **MEDICAL ELECTRONIC PROCESSING SYSTEMS, INC.** with a mailing address of **399 SE 90th Street, Ocala, FL 34480.**

ARTICLE II - COMMENCEMENT AND DURATION

The duration of the corporation is perpetual. The date and time of the commencement of corporate existence is the time of filing of the Articles of Incorporation by the Department of State of the State of Florida.

ARTICLE III - PURPOSE

The general purposes for which the corporation is organized are to transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE IV - CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is Seven Thousand Five Hundred (7,500) shares. Such shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE V - REGISTERED OFFICE

The street address of the initial principal office and registered office of the corporation is: **399 SE 90th Street, Ocala, FL 34480.** The name of its Initial Registered Agent is **David E. Howard.**

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The corporation shall have two (2) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws. The name and address of the initial director(s) is/are:

**David E. Howard
399 SE 90th Street
Ocala, FL 34480**

**Debbie E. Howard
399 SE 90th Street
Ocala, FL 34480**

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

**David E. Howard
399 SE 90th Street
Ocala, FL 34480**

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ARTICLE VIII

This corporation is a small business corporation within the meaning of Section 1244 of the Internal Revenue Code and as soon as is practicable this corporation shall adopt a Section 1244 offering plan.


ARTICLE IX - PRE-EMPTIVE RIGHTS

The shareholder(s) may adopt, by written agreement, a plan providing for pre-emptive rights as to the issuance, sale or transfer of any stock. If such agreement exists there shall be printed on the face of all stock in a legible manner proper words to notify any holder, buyer or transferee thereof of such agreement.

EXECUTED by the undersigned person at Ocala, Marion County, Florida, on this the 25th day of July, 1997.


DAVID E. HOWARD,
Incorporator

I, **DAVID E. HOWARD**, accept the office of Registered Agent. I am located at **399 SE 90th Street, Ocala, FL 34480**, the registered office of this corporation.


DAVID E. HOWARD,
Registered Agent

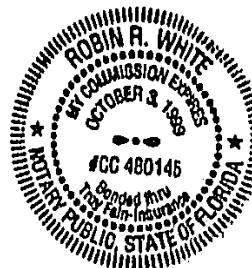
STATE OF FLORIDA
COUNTY OF MARION

The foregoing Instrument was acknowledged before me this 25th day of July, 1997, by **DAVID E. HOWARD**, as Incorporator and **DAVID E. HOWARD**, as Registered Agent, who:

- A) ☒ Is/are personally known to me OR
_____ who has/have produced a driver's license OR
_____ other Identification:
B) ☒ did OR _____ did not take an oath.


Signature of Notary Public
Print Name: ROBIN R. WHITE

AFFIX SEAL/EXPIRATION DATE:



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