

P98000000822
TRANSMITTAL LETTER

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

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-01/02/98--01096--014
***131.25 ***131.25

SUBJECT: DOCTORS AUTOMATED TRANSMITTAL ASSOCIATION INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JAN - 2 AM 9:08

FILED

FROM: SHARON D. GUDIKUNST
Name (printed or typed)

2601 SOUTH TWENTY SIXTH ST.
Address

FORT PIERCE FLORIDA 34981
City, State & Zip

(561) 466-5713
Daytime Telephone number

Handwritten initials and date: *df* 1-6-98

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:

DOCTORS AUTOMATED TRANSMITTAL ASSOCIATION INC.

ARTICLE II PRINCIPAL OFFICE

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

2601 SOUTH TWENTY SIXTH STREET
FORT PIERCE FLORIDA 34981

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TALLAHASSEE, FLORIDA

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHARON D. GUDIKUNST
2601 SOUTH TWENTY SIXTH STREET
FORT PIERCE FLORIDA 34981

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):

SHARON D. GUDIKUNST
2601 SOUTH TWENTY SIXTH STREET
FORT PIERCE FLORIDA 34981

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

29 day of DECEMBER, 19 97.

(An additional article must be added if an effective date is requested.)

Sharon D. Gudikunst

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: DOCTORS AUTOMATED TRANSMITTAL ASSOCIATION INC.

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

SHARON D. GUDIKUNST
(NAME)

2601 SOUTH TWENTY SIXTH STREET
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

FORT PIERCE FLORIDA 34981
(CITY/STATE/ZIP)

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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.

Sharon D. Gudikunst
(SIGNATURE)

12/29/97
(DATE)