# 000157

Med-Pros Transcribers,

February 9, 1998 Date

Inc.

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

Re:	Med-Pros Trans		
	(name of corporation)	)	
Gentlemen:			
Enclosed pleatogether with	use find the original and one my check in the amount of \$7	copy of Articles of Incorpor	ation,
This represer Incorporation corporation.	nts the cost of the Filing Fed n and Fee for Registered Agen	es, Certified Copy of Article t Designation for the above n	es of named
<b></b>		0000024324 -02/17/3801	<b>4501</b> 031006
Very truly you	Lathoh	*****78.00	*****70 <b>.</b> 00
Med-Pros	Transcribers, Inc f corporation)		
	•	Mailing address of cor	poration
	·	1120 99 Street #50	05
		Bay Harbour Islands	s, F1 3315

Phone: (305) 868-7704

## ARTICLES OF INCORPORATION

of

	• •
Med-Pros Transcribers, Inc. (name of corporation)	98 AL
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) co	mpetent to contract hereby form a
The undersigned subscriber(s) to these Articles of Incorporation, natural personal corporation under the laws of the State of Florida.	
ARTICLE I - CORPORATE NAME	
The name of the corporation is:	ST &
Med-Pros Transcribers, Inc.	<u> </u>
ADDICE DE LA PRICE	⊅
1120 99 Street #505 ARTICLE II - DOMATION	,
1120 99 Street #505 ARTICLE II - DURATION  Bay Harbour Islands fl 33154  This corporation shall exist perpetually unless dissolved according to Florida law	•
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or busine	ss permitted under the laws of the
United States and the State of Florida.	
ARTICLE IV - CAPITAL STOCK	•
ARTICLE IV - CATTAL STOCK	) of One
The corporation is authorized to issue <u>Five Hundred</u> shares ( 500 Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be de	esignated "Common Shares."
Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be de	csignates Columbia
ARTICLE V - INITIAL REGISTERED' OFFICE AND	AGENT
The name and street address of the Initial Registered Agent of this Corporation	n is:
The name and street address of the linear regions of	
AME Rosalie J Walfish	•
DDRESS 1120 99 Street #505	719 001 F <i>A</i>
TY Bay Harbour Islands FLORIDA	ZIP 33154
ARTICLE VI - INITIAL BOARD OF DIRECTO	RS
O transfer The The	a number of directors may be either
instance distributed from time to time by the By-Laws, but shall never be lo	ess than one (1). The names and
addresses of the initial director(s) of the corporation are as follows:	
NAME Rosalie J Walfish	
ADDRESS 1120 99 Street #505	
CITY Bay Harbour Islands STATE FL	- zip 33154
Tunolso	
NAME Barbara Krusko #505	
ADDRESS 222	ZIP 33154
CITY Bay Harbour Islands STATE FT.	
NAME	
ADDRESS	ZIP
CITY	

### ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

		•	
NAME	Rosalie J Walfish		
ADDRESS	1120 99 Street #505		200154
CITY	Bay Harbour Islands	STATE • FL	ZIP 33154
NUME	Barbara Krusko		
NAME	1120 99 Street #505		
ADDRESS	Bay Harbour Islands	STATE FL	ZIP 33154
CITY	Da, 110220	<u>.</u>	
NAME			
ADDRESS		CT.T	ZIP
СПҮ		STATE	
IN WITNESS	WHEREOF, the undersigned subscriber	(s) have executed these Article	s of incorporation this
day of Feb	ruary , 19 <u>98</u> .	Dans.	;
		of palie Illebert	(Seal)
•		1000 1000	,
		Da har Kunko	(Scal)
			(Cool)
			(Seal)
			•
		•	•
STATE OF I	\$S		
COUNTY O	FDADE)		Double set forth above merconally
before me, a	Notary Public authorized to take acknow	riedgements in the State and C	Jounty set forth above, personany
appeared			
<u></u>	Rosalie J Walfish		
	Barbara Krusko e and known to be the person(s) who	executed the foregoing Art	icles of Incorporation, and who
		these Articles of Incorporat	ion.
acknowledged	before me that they executed	I Incac Anticion of anti-Paris	
			County of orecaid this 13 .
IN WITNESS	WHEREOF, I have hereunto affixed my	hand and seal, in the State and	County atoresaid, this
day of J	delicery, 19 <u>78</u> .		
	$\underline{\mathcal{L}}$	(Notary Public, State of Florida at	Large)
	(Notary Seal)	<i>/</i> .	—— <b>—</b> ·/
	Gersan C. Dovalle	My Commission expires:	
	MY COMMISSION # CC562294 EXPINES June 17, 2000		
	June 17, 2000	±.	

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT

OF

•			Sections 48.091				
	-		ing to organize t				Flor
its regis	tered o	office as indic	cated in the Ar	ticles o	f Incorpora	tion	
at	1120	) 99 Str	eet #505	5	,	·	١
	Юэv	Harbour	Islands,	FT.	33154		

Med-Pros Transcribers,

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at the place designated in this certificate. Thereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

3 FEB 17 AM 8: 41