

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To: -

Division of Corporations

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From:

Account Name : AL CLARK
Account Number : 072100000173
Phone : (813)398-6011
Fax Number : (813)397-5189

99 MAR 24 PM 1: 53 SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

PHYSICIANS COMPUTER SERVICES, INC.

Certificate of Status	Ō	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$70.00	







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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

PHYSICIANS COMPUTER SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

8077 PAGODA DRIVE SPRING HILL, FL.34606

99 MAR 24 PM 1:53 SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE III SHARES

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

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: prepared by:

Name: WILLIAM S. HAMPTON Address: 8077 PAGODA DRIVE SPRING HILL, FL.34606

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMENOLE, Florida 33777

PH#352-688-4590

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FROM : ACCOUNTING & TAX HELP INC.

PHONE NO. : 7273975189

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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):

> William S. Hampton 8077 Pagoda Drive Spring Hill, Fl. 34606

The undersigned	ed incorpor	ator(s) has (have) ex	ecuted these Articles of Inc	corporation this
244	が _day of _	March	. 19 99	
(An addi	tional artic	le must be added if	an effective date is requested	i.)
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//		Signat	ure	·
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Notarization is not required

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

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PHONE NO.: 7273975189

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

PHYSICIANS COMPUTER SERVICES, INC.

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

Accounting & Tax Help, INC.
(Name)

8668 PARK BLVD., Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/State/Zip) 99 MAR 24 PM 1:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Ol الممل DATE 3-24-99 (Signature) PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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