

P99000045222

May 13, 1999

Division of Corporations, New Corporations  
POB 6327  
Tallahassee, FL 32314

Dear Sir,

Enclosed is our check for \$78.75 for  
On Location Medical Services, Inc. for a certified copy of  
the articles of incorporation and a certificate of  
incorporation.

Please return the documents to:

Ben H. Moore  
1400 West Fairbanks Avenue, Ste 201  
Winter Park, FL 32789

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-05/14/99--01076--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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99 MAY 14 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Thank you for your attention to this matter.

Sincerely,

Ben H. Moore

# ARTICLES OF INCORPORATION

On Location Medical Services, Inc.

*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:

On Location Medical Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

5309 Hillside Drive  
Orlando, FL 32810

## ARTICLE III SHARES

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

1,000 shares at a \$1.00 Par Value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mary L. Hagood  
5309 Hillside Drive  
Orlando, FL 32810

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TALLAHASSEE, FLORIDA

FILED

**ARTICLE V INCORPORATOR(S)**

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

Mary L. Hagood  
5309 Hillside Drive  
Orlando, FL 32810

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

\_\_\_\_\_ 13th day of \_\_\_\_\_ May \_\_\_\_\_, 19\_\_\_\_99

Ⓟ Mary L. Hagood  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

# 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.

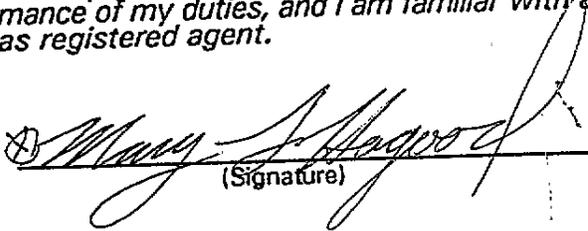
1. The name of the corporation is: On Location Medical  
Services, Inc.

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

Mary L. Hagood  
(Name)  
5309 Hillside Drive  
(P.O. Box not acceptable)  
Orlando, FL 32810  
(City/State/Zip)

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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.*

  
(Signature)

5/13/99  
(Date)