10000895c

TRANSMITTAL LETTER

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

600003009236 -10/07/99--01102--006 *****87.50 *****87.50

SUBJECT:	Medrec Systems, 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Kimberley E. Davis FROM:

Name (Printed or typed)

P.O. Box 941133

Address

Maitland, FL 32794-1133

City, State & Zip

407-875-3800

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

10), D5H

ARTICLES OF INCORPORATION

1999 OCT -7 PM 12: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Article I Name

The name of the corporation shall be: Medrec Systems, Inc.

Article II Principal Office

The principal place of business and mailing address of this corporation shall be: P.O. Box 941133, Maitland, FL 32794-1133

Article III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

Article IV Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are: Kimberley E. Davis, 8467 Fort Thomas Way, Orlando, FL 32822

Article V Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Kimberley E. Davis, 8467 Fort Thomas Way, Orlando, FL 32822

Signature/Incorporator

Date

Having been named as the 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/Registered Agent

October 6, 1999

Date