

TRANSMITTAL LETTER

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

P99000104325

SUBJECT:

FIRST DIAGNOSTIC INC.

(Proposed corporate name - must include suffix)

200003055412--3

-11/29/99-01115-006

\*\*\*\*\*87.50 \*\*\*\*\*87.50

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

MARK L. NALLEY

Name (Printed or typed)

1303 EAST VINE Street

Address

Kissimmee FL 34744

City, State & Zip

407-846-2225

Daytime Telephone number

FILED  
99 NOV 29 AM 9:06  
TALLAHASSEE, FLORIDA

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

ALL  
11-29-99

# ARTICLES OF INCORPORATION

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:

FIRST DIAGNOSTIC INC.

## ARTICLE II PRINCIPAL OFFICE

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

1301 EAST VINE STREET  
KISSIMMEE, FL 34744

## ARTICLE III SHARES

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

100 SHARES

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

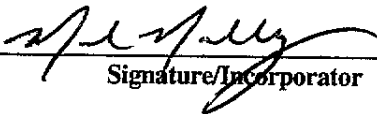
The name and Florida street address of the initial registered agent are:

MARK L. NALLEY  
1303 EAST VINE STREET

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARK L. NALLEY  
1303 EAST VINE STREET  
KISSIMMEE, FL 34744

  
Signature/Incorporator

11/23/99  
Date

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

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/Registered Agent

11/23/99  
Date

FILED  
99 NOV 29 AM 9:06  
STATE OF FLORIDA  
TALLAHASSEE