DOMESTICAL LETTER FILED

00 SEP 26 AM 11: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: ACCUMED OF ST. PETERSBURG, INC.

00003404030--3 -09/26/00--01033--010 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

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 \$122.50

\$131.25 Filing Fee,

& Certificate

Filing Fee & Certified Copy

Certified Copy & Certificate

FROM:

THE TAX GUY, INC.

4001 49th ST. N., #17

ST. PETERSBURG, FL 33709

(727) 521-2765

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

Q 9/29/00

## ARTICLES OF INCORPORATION

FILED

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

ARTICLE I NAME

The name of the corporation shall be: AccuMed of St. Petersburg, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3721 53rd Avenue N.
St. Petersburg, FL 33714

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is **1000** (one thousand) shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ruth E. Morris 3721 53rd Avenue N. St. Petersburg, FL 33714

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Ruth E. Morris

3721 53rd Avenue N.

St. Petersburg, FL 33714

ARTICLE VI EFFECTIVE DATE

These articles of incorporation shall have an effective date of 09/20/2000

Signature/incorporator

Date

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 amd 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

9-20-00 Date