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TRANSMITTAL LETTER

FILED

00 OCT -2 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Advanced Mobile Diagnostic Services, 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
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: Robert A. Peters
Name (Printed or typed)

2462 Poinciana Ct.
Address

Weston, Florida 33327
City, State & Zip

954-878-1997
Daytime Telephone number

900003411279--8
-10/02/00--01098--013
*****78.75 *****78.75

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

h 10/4/00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

ADVANCED MOBILE DIAGNOSTIC SERVICES, INC.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2462 POINCIANA CT.
WESTON, FLORIDA 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A MOBILE MEDICAL DIAGNOSTIC TESTING UNIT

ARTICLE IV SHARES

The number of shares of stock is:

1,000 (ONE THOUSAND)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DR. MEHRAN P. GHAZVINI, PRES.
2910 ROYAL PALM WAY
TALLAHASSEE, FLORIDA 32308

and

DR. ROBERT A. PETERS, V.P.
2462 POINCIANA CT.
WESTON, FLORIDA 33327

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

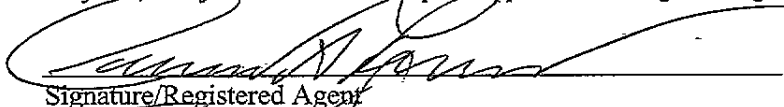
DR. ROBERT A. PETERS
2462 POINCIANA CT.
WESTON, FLORIDA 33327

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

DR. ROBERT A. PETERS
2462 POINCIANA CT.
WESTON, FLORIDA 33327

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent


Date


Signature/Incorporator


Date