

TRANSMITTAL LETTER

P00000095590

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

00 OCT -9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: BAY AREA DIAGNOSTICS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003419794--3
-10/09/00--01107--007
*****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: GAELEN CLARK
Name (Printed or typed)

2509 W. DEWEY ST
Address

TAMPA, FL 33607
City, State & Zip

813 404 0470
Daytime Telephone number

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

10-10

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

BAY AREA DIAGNOSTICS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2509 W. DEWEY ST.
TAMPA, FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM DIAGNOSTIC TESTING.

ARTICLE IV SHARES

The number of shares of stock is: 1000.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

GAELEN CLARK
2509 W DEWEY ST.
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GAELEN CLARK
2509 W. DEWEY ST.
TAMPA, FL 33607

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

4 OCT 00

Signature/Incorporator

Date

4 OCT 00

FILED
00 OCT -9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA