

TRANSMITTAL LETTER

P010000002853

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

SUBJECT: ABALLI DIAGNOSTIC INSTITUTE, CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003524368--4  
-01/05/01--01014--005  
\*\*\*\*\*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: HECTOR D. ABALLI

Name (Printed or typed)

9900 SW 22nd ST

Address

MIAMI DADE, County, FL. 33165-7566

City, State & Zip

305-220-5278

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN -4 AM 10:27

FILED

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

✓ T. Burch JAN 9 2001

# 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: ABALLI DIAGNOSTIC INSTITUTE, CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 9900 SW 22nd ST, Miami-Dade  
Fl. 33165-7566

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Diagnostic Testing

## ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Hector D. Aballi President 9900 SW22ndST  
MIAMI-DADE, Fl 33165  
Angela A. Aballi V.President 9900 SW 22 St  
MIAMI-DADE, FL 33165

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Hector D. Aballi  
9900 SW 22ndST  
MIami-Dade, FL. 33165

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Hector D. Aballi  
9900 SW 22nd ST  
Miami-Dade, FL. 33165-7566

\*\*\*\*\*

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

FILED  
01 JAN -4 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA