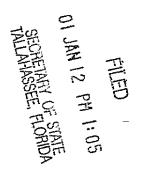
P01000005528 TRANSMITTAL LETTER

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



SUBJECT: South	Florida Gene	tic Counseling	, Inc.	
(P	roposed corporate i	name - must include su	_01,	03535800——1 /12/01—01064—014 ***70.00 *****70.00
Enclosed is an original	and one (1) co	py of the articles o	of incorporation	and a check
for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required	
FROM:	Jennifer S	chmidt		
	Name (printed or typed)			
	_6860 Towr	Harbor Blvd,	#3214	
	(954) 465-5	5164		
	Daytima Talanhana number			

F. CHESCER JAN 1. 6 2000

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

South Florida Genetic Counseling, Inc.

ARTICLE II C PRINCIPAL OFFICE

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

6860 Town Harbor Blvd, #3214 Boca Raton, FL 33433 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

100 shares common stock each share having a par value of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Jennifer Schmidt 6860 Town Harbor Blvd, #3214 Boca Raton, FL 33433

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jennifer Schmidt 6860 Town Harbor Blvd, #3214 Boca Raton, FL 33433

The undersigned in	corporator(s) has(have) executed th	ese Articles of Incorporation this
5 day of	January	, 20	01
(An additional articl	e must be added if an	effective date	is requested.)
	ght:	St	
		Signatur	
_		Signature	
		Signature	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	. The name of the corporation is:	South Florida Genetic Counselin	ng, Inc.	-
2.	The name and address of the regis	stered agent and office is:		
	Jennifer Sch	ımidt		
		(NAME)		
		Harbor Blvd, #3214	JAN 12 CRETAP LAHASSI	
	(P.O. Bo	x or Mail Drop Box NOT ACCEPTABLE)		, ,
	Boca Raton,	FL 33433 (City/State/Zip)	PM 1:0	U.

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)

(DATE)