# POODO ON 738

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Neuromoscular Diagnostic & Therapy Center , Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$87.50 **□** \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Pedro L. Nunez FROM: \_ Name (Printed or typed) 12564 Castle Hill Dr. Address Tampa, Florida 33624

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

City, State & Zip

Daytime Telephone number

813-758-4069

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### 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: Neuromoscular Diagnostic & Therapy Center, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12564 Castle Hill Dr., Tampa, Florida 33624

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Medical and Diagnostic Service Provider.

#### ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of common stock having a par value of \$1.00 per share.

# 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: Pedro L. Nunez, 12564 Castle Hill Dr. Tampa, Fl. 33624

## INCORPORATOR

The name and address of the Incorporator is: Pedro L. Nunez, 12564 Castle Hill Dr. Tampa, Fl. 33624

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 A

Date

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Signature/Incorporator