POIOMITCH 593

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

SUBJECT: Pro-Scan of South Florida, Inc.
(Proposed corporate name – must include suffix)

400004243184--7 -05/17/01--01127--015 ******78.75 ******78.75

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

X \$78.75
Filing Fee &
Certified Copy

\$131.25

Filing Fee, Certified Copy &

Certificate

FROM:

<u>David Negri</u> 2448 SW 12th Terr. Palm City, FL 34990 561-223-2061 DI MAY 17 AM 9: 25
SECRETARY OF STATE
TALLAHASSEE, FLORID,

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:

Pro-Scan of South Florida, Inc.

OI MAY 17 AM 9: 25
SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

2448 SW 12th Terr. Palm City, FL 34990

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Negri 2448 SW 12th Terr. Palm City, FL 34990

ARTICLE V INCORPORATOR(S)

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

David Negri 2448 SW 12th Terr. Palm City, FL 34990

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 12th day of May, 2001

Signature
Signature

CERTIFICATE OF DESIGNATION OF

REGISTERD AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUES, 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:

Pro-Scan of South Florida, Inc.

2. The Name and address of the registered agent and office is:

<u>David Negri</u> 2448 SW 12th Terr. Palm City, FL 34990

Daytime Phone #: 561-223-2061

ZE ATE

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)