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TRANSMITTAL LETTER

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

500004325275--9
-05/29/01--01086--008
*****78.75 *****78.75

SUBJECT: Neurological Diagnostic Testing Consultants Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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: Candice M. Woodall
Name (Printed or typed)

4902 NW 179 Terr.
Address

Miami, FL 33055
City, State & Zip

(305) 793-5865.
Daytime Telephone number

FILED
01 MAY 29 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PS 6/5/01

ARTICLES OF INCORPORATION

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

FILED
01 MAY 29 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Neurological Diagnostic Testing Consultants Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
10211 Caracas St
Cooper City, FL 33026

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is:
Nancy Voronkov -500
Candie Michelle Woodall-500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):
Nancy Voronkov -president. 10211 Caracas street, Cooper City, Florida 33026
Candie Michelle Woodall - Vice president
4902 NW 179 Terr
Miami, Florida 33055

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:
Kathi Valdez Moses
8016 Chianti Daive
Orlando, FL 32836

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Candie M. Woodall
4902 NW 179 Terr
Miami, FL 33055

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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
Kathi Valdez Moses
5/22/01
Date

Signature/Incorporator
Candie M. Woodall
5/22/01
Date