

PO10000061423  
TRANSMITTAL LETTER

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

900004425179--2  
-06/18/01--01112--019  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: DIAGNOSTICS OF PALM BEACH, INC.  
(Proposed corporate name - must include suffix)

900004425179--2  
-06/18/01--01112--019  
\*\*\*\*\*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: DIAGNOSTICS OF PALM BEACH, INC.  
Name (Printed or typed)

1195 NORTH MILITARY TRAIL SUITE 5  
Address

WEST PALM BEACH, FL. 33409  
City, State & Zip

561-640-0355  
Daytime Telephone number

FILED  
01 JUN 18 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PS 6/20/01

# ARTICLES OF INCORPORATION

FILED

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

01 JUN 18 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

DIAGNOSTICS OF PALM BEACH, INC.

## ARTICLE II PRINCIPAL OFFICE

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

1195 NORTH MILITARY TRAIL SUITE 5  
WEST PALM BEACH, FLORIDA 33409

## ARTICLE III SHARES

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

60 - SIXTY

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DR. SHAWN SIMPSON — 1195 NORTH MILITARY TRAIL  
SUITE 5  
WEST PALM BEACH, FL. 33409

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DR. SHAWN SIMPSON — 1195 NORTH MILITARY TRAIL  
SUITE 5  
WEST PALM BEACH, FL. 33409

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date