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TRANSMITTAL LETTER

FILED

01 SEP 25 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

700004588477--5

-09/14/01--01037--012

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Enhanced Comprehensive Outpatient Pulmonary  
Diagnosics INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: BRIDGET Grant  
Name (Printed or typed)

2850 Empire Place  
Address

Sanford, FL 32773  
City, State & Zip

407-302-1251  
Daytime Telephone number

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

D. BROWN SEP 25 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 18, 2001

BRIDGET GRANT  
2850 EMPIRE PLACE  
SANFORD, FL 32773

SUBJECT: ENHANCED COMPREHENSIVE OUTPATIENT PULMONARY  
DIAGNOSTICS  
Ref. Number: W01000021619

We have received your document for ENHANCED COMPREHENSIVE OUTPATIENT PULMONARY DIAGNOSTICS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 001A00052210

**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:

Enhanced Comprehensive Outpatient Pulmonary  
Diagnostics, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2850 Empire Place  
Sanford, Fl. 32773

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Outpatient Pulmonary  
Function Testing, Arterial Blood gases, cardiac  
holter monitoring, EKG, cardiac event monitoring.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 Shares. No Par Value.

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Bridget Grant (Certified Pulmonary Function Tech)  
2850 Empire Place & Director  
Sanford, Fl. 32773

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: Bridget Grant

2850 Empire Place  
Sanford, Fl. 32773

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Bridget Grant  
2850 Empire Pl.  
Sanford, Fl. 32773

\*\*\*\*\*  
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

Bridget Grant

Signature Registered Agent

9-8-01

Date

Bridget Grant

Signature Incorporator

9-8-01

Date