D01000119190



December 10, 2001

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To The Division of Corporations,

Enclosed you will find the Articles of Incorporation for a new corporation to be called TRI-COUNTY NEURO-DIAGNOSTICS, INC. Also you will find a check in the amount of:

\$35.00 Filing Fee \$35.00 Registered Agent Designation \$8.75 Certified Copy \$78.75 Total

I am also requesting that you authorize the issuance of one hundred shares of stock.

The Incorporator is:

Joseph Marfisi 13004 Meadowbreeze Drive Wellington, FL 33414

Ir assistance.

1111111111111

eph Marfisi

you for



## ARTICLES OF INCORPORATION OF

## TRI-COUNTY NEURO-DIAGNOSTICS, INC.

The undersigned hereby make, subscribe, and acknowledge and file these Articles for the purpose of becoming a corporation under the laws of the State of Florida.

- 1. The Name of this corporation shall be:
  - TRI-COUNTY NEURO-DIAGNOSTICS, INC.
- 2. The corporation is to have perpetual existence.
- 3. The corporation shall be authorized to engage in any business activity permitted under the laws of the State of Florida and the United States of America.
- 4. The maximum number of shares which the corporation shall have the authority to issue shall be <u>One Hundred(100)</u>, all of which shall be common stock without par valve.
- 5. The principal office of the corporation shall be located at:

10640	NW	26 <sup>th</sup>	Plac	:e	
Sunris	se,	Flor	rida	33322	
(954) 742-7247					Phone

6. Pursuant to Chapter 48.091, Florida Statutes, the following named person is designated as resident agent for this corporation to accept service of process within the State of Florida:

Joseph Marfisi
13004 Meadowbreeze Drive
Wellington, FL 33414

7. The name and address of the incorporator is:

Joseph Marfisi	
13004 Meadowbreeze	Drive
Wellington, FL 3341	L4

said incorporator is over the age of twenty-one (21); is Sui Juris, and a citizen of the United States of America

- 8. One (1) director shall constitute the initial board of directors of the corporation, but the By-Laws may provide for such increase or decrease in number as authorized by law.
- 9. The name and address of the member of the initial board of directors is:

Joseph Marfisi
13004 Meadowbreeze Drive
Wellington, FL 33414

10. Nothing in these Articles of Incorporation shall be taken to limit the power of this corporation.

IN WITNESS WHEREOF, the undersigned has made and subscribed these articles of incorporation this <u>10<sup>th</sup></u> day of <u>December</u>, 2001.

STATE OF FLORIDA COUNTY OF <u>Dade</u>

Before me, the undersigned notary, personally appeared <u>Joseph Marfisi</u> who is to me well known to be the person described in and who subscribed the above and foregoing Articles of Incorporation of <u>TRI-COUNTY NEURO-DIAGNOSTICS</u>, <u>INC.</u> who freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes set forth therein.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the above named county and state this  $10^{th}$  day of December, 2001.

OFFICIAL NOTARY SEAL RACHEL DIAZ NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC979048 MY COMMISSION EXP. NOV. 1,2004

Notary Public
State of Florida at Large

## STATE OF FLORIDA DEPARTMENT OF STATE

Certificate designation place of business or domicile for the service of process within this state, naming agent upon whom process may be served and names and address of officers and directors.

The following is submitted in compliance with chapter 48.091 Florida Statutes:

TRI-COUNTY NEURO-DIAGNOSTICS, INC., a corporation organized or organizing under the laws of the State of Florida, with its principal office at 10640 NW 26th Place Sunrise, FL.33322 appoints Joseph Marfisi as its agent to accept service of process within this state.

At the time of filling no officers have been elected for the corporation.

The director of the corporation is Joseph Marfisi whose address is 13004 Meadowbreeze Drive Wellington, FL 33414

## ACCEPTANCE:

I, <u>Joseph Marfisi</u>, agree, as resident agent, to accept Service of Process; to keep the office open during prescribed hows and to post my name as authorized to accept process in some conspicuous place in the office.

STATE OF FLORIDA COUNTY OF <u>Dade</u>

Before me, the undersigned notary, did appear

Joseph Marfisi, well known to me as the person who subscribed the above acceptance as registered agent for:

TRI-COUNTY NEURO-DIAGNOSTICS, INC.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the above named county and state this 10th day of December, 2001.

My Commission Expires: 11/04

OFFICIAL NOTARY SEAL
RACHEL DIAZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC979048
MY COMMISSION EXP. NOV. 1,2004

Notary Public