

P02000121514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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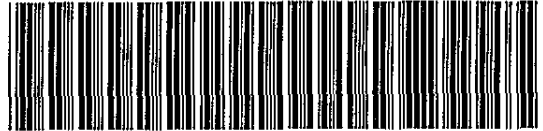
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ES
11/14

TRANSMITTAL LETTER

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

SUBJECT: Physican's Clinical Laboratory, 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: Enzo Pianelli

Name (Printed or typed)

110 Fiesta Way

Address

Ft. Lauderdale, Florida. 33301

City, State & Zip

954 644-3008

Daytime Telephone number

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

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:

Physican's Clinical Laboratory, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2016 South U.S. 1
Vero Beach, Florida 32962

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000. (one million) Common Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

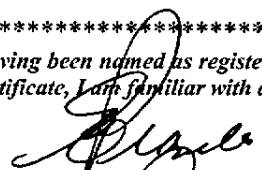
Enzo Pianelli
110 Fiesta Way
Ft. Lauderdale, Fl. 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Enzo Pianelli
110 Fiesta Way
Ft. Lauderdale, Fl. 33301

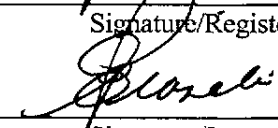
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11-5-2002

Date



Signature/Incorporator

11-5-2002

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA