## P02000133223

(Address)  (Address)  (Address)  (City/State/Zip/Phone #)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
AUTHORIZATION BY PHONE TO  CORRECT Art VI  DATE 12/20/02  DOC. EXAM



900009308279

12/09/02--01032--009 \*\*78.75

02 DEC 20 PM 1:33
SECRETARY OF STATE
TAIN AHASSEE, FLORIDA

14/12/20

## TRANSMITTAL LETTER

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

SUBJECT:	Vama Diagnostics 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:

Name (Printed or typed)

17580 Highway

441

(V)+ DORQ F-Co

ty, State & Zip

Daytime Telephone number



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 11, 2002

MURRAY COHEN 17580 HIGHWAY 441 MT. DORA, FL 32757

SUBJECT: YAMA DIAGNOSTICS INC.

Ref. Number: W02000034701

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

YOU MUST LIST THE NAME AND ADDRESS OF THE REGISTERED AGENT IN ARTICLE VI.AND THE REGISTERED AGENT MUST SIGN.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2003 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6067.

Letter Number: 902A00065535

Neysa Culligan Document Specialist New Filing Section

Division of Cornerations - P.O. ROY 6327 - Tallahassee Florida 32314

ARTICLES	<b>OF INCORPOR</b>	RATION

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

ingnostics Inc.

FILED

02 DEC 20 PM 1:33

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

17580 Highway NNI. Mt DORD, FRORIDA 32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAl Diagnostics Testing.

ARTICLE IV SHARES

The number of shares of stock is:

10,000.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Richard Schwachter 114 S.E. 7th Avenue. 44.

DELRAY Beach Floring 33483

ARTICLE VI REGISTERED AGENT

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

Richard Schwachter 114 S.E. 7th Avenue 中中 Delray Beach, F1. 33483

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard Schwachter 114 S.E 7th Ave. #4

DelRAY Beach, FloriDA 33483

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

Signature/Registered Agent

Signature/Incorporator

Date

Date Date