

P03000051040

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700014405547

04/01/03--01048--005 **157.50

FILED
03 MAY -8 PM 1:07
SEC. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 APR -1 AM 10:02
SEC. OF STATE
TALLAHASSEE, FLORIDA

m03-9318

08518

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HOME CARE DIAGNOSTIC INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILNGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 2, 2003

EXPRESS CORP. FILING SERV.

SUBJECT: SUNCOAST DIAGNOSTIC INC.
Ref. Number: W03000009318

We have received your document for SUNCOAST DIAGNOSTIC INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 303A00019880

Please apply the \$78.75 to
this new corporation

RECEIVED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
APR 10 2003
17:01:17 8-18980
00112003

ARTICLES OF INCORPORATION
FOR

Home Lane Diagnostic Inc.

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

FILED
03 MAY -8 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Home Lane Diagnostic Inc.

ARTICLE II PRINCIPAL OFFICE

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

6372 Sw 138 Pl

Miami FL 33183

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

100 shares

ARTICLE IV REGISTERED AGENT

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

Carlos Diaz

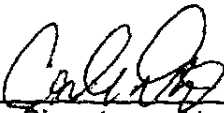
6372 SW 138 place

Miami, FL 33183

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Carlos Diaz
6372 SW 138 PL
MIAMI FL 33183



Signature of Incorporator

5-6-03

Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

Carlos Diaz (P)
6372 SW 138 PL
MIAMI FL 33183

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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

5-6-03

Date

FILED
03 MAY -8 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA