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TRANSMITTAL LETTER

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

SUBJECT:	AVARES FAMILY TOPOSED CORPORA) IACNOSTICS, INC. TENAME-MUSTINGL	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM:	JAREN L. Name 5506 TRIMB	MAIK (Printed or typed) LE PARK Ro. Address		05 MAR -3 PI SUCKETARY OF TALLAHASSEE,	FILED
	114. Dorp bity 352/22 Daytime	2 32757 , State & Zip 23-1558_ Telephone number		PM 3: 44 OF STATE E. FLORIDA	<u> </u>

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

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME.

The name of the corporation shall be:

Tavares Family Diagnostics, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

115 Burleigh Blvd.

Tavares, FL 32778

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

To perform medical diagnostic testing, as ordered, on patients.

ARTICLE IV - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred

ARTICLE IV - REGISTERED AGENT

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

Karen L. Mair

5506 Trimble Park Rd.

Mt. Dora, FL 32757

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Karen L. Mair

5506 Trimble Park Rd.

Mt. Dora, FL 32757

Signature incorporator

Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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/Registered Agent

Date