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From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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## FLORIDA PROFIT CORPORATION OR P.A.

C. Thomas &amp; Associates Drug Testing &amp; Medical Services, Inc.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

ARTICLE I NAME

The name of the corporation shall be:

**C. Thomas & Associates Drug Testing & Medical Services, Inc.**

ARTICLE II PRINCIPAL OFFICE

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

**C. Thomas & Associates Drug Testing & Medical Services, Inc.  
1965 Fern Palm Drive  
Edgewater, FL 32141**

ARTICLE III SHARES

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

**1,500 Shares at No Par Value**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Connie Thomas  
1965 Fern Palm Drive  
Edgewater, FL 32141**

**Prepared By:**  
**Bruce B. Hubbard**  
**77 East John St.**  
**Hicksville, New York 11801**  
**1-516-935-3940**

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
CORPORATION

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Connie Thomas - President  
1965 Fern Palm Drive  
Edgewater, FL 32141**

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Connie Thomas  
1965 Fern Palm Drive  
Edgewater, FL 32141**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th day of August 2005.

  
Connie Thomas - Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **C. Thomas & Associates Drug Testing & Medical Services, Inc.**
2. The name and address of the registered agent and office is:

**Connie Thomas**

Name

**1965 Fern Palm Drive**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Edgewater, FL 32141**

(City / State / Zip)

*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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
Connie Thomas  
SIGNATURE

**August 18, 2005**

(Date)

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