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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

## ALL SPECIALTY CARE DIAGNOSTIC, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION  
OF  
ALL SPECIALTY CARE DIAGNOSTIC, INC.**

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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 **ALL SPECIALTY CARE DIAGNOSTIC, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 3800 S. Ocean Drive, Suite 1116, Hollywood, FL 33019.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of one dollar (\$1.00) per share.

**ARTICLE IV: PURPOSE OF CORPORATION**

This Corporation may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS**

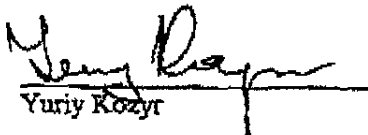
The name and address of the initial registered agent is Yuriy Kozyr, 3800 S. Ocean Drive, Suite 1116, Hollywood, FL 33019.

**ARTICLE VI: INCORPORATORS**

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

(P, VP, S, T)  
Yuriy Kozyr  
3800 S. Ocean Drive, Suite 1116  
Hollywood, FL 33019

The undersigned incorporator has executed these Articles of Incorporation this 27th day of March, 2006.

  
Yuriy Kozyr

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Corporation is **AII SPECIALTY CARE DIAGNOSTIC, INC.**
2. The name and address of the registered agent and office is:

**Yuriy Kozyr  
3800 S. Ocean Drive, Suite 1116  
Hollywood, FL 33019**

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.

  
Yuriy Kozyr

March 27, 2006  
March 27, 2006