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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

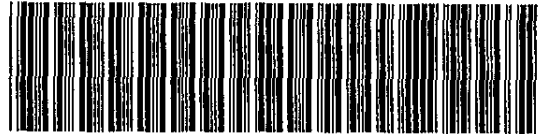
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR 4-406

## COVER LETTER

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

SUBJECT: Electrodiagnostic Associates of Florida, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: ANGELA M. SAINZ  
Name (Printed or typed)

14829 NW 87 PLACE  
Address

MIAMI LAKES, FL. 33018  
City, State & Zip

786-315-3100  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

ELECTRODIAGNOSTIC ASSOCIATES OF FLORIDA, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14829 NW 87 PLACE, MIAMI LAKES, FL. 33018

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PERFORMED NEURODIAGNOSTIC TESTING PROCEDURES

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

ANGELA M. SAINZ-PRESIDENT  
14829 NW 87 PLACE  
MIAMI LAKES, FL. 33018

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ANGELA M. SAINZ  
14829 NW 87 PLACE  
MIAMI LAKES, FL. 33018

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ANGELA M. SAINZ  
14829 NW 87 PLACE  
MIAMI LAKES, FL. 33018

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

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06 APR -3 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/30/06

Date

3/30/06

Date