P08000038191

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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08 APR 14 : PH 4: 09
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of 0			
SUBJ	ECT: Sonic	are Diagnostics,	INC.	
		(Name of Resulti	ng Florida Profit Corporation	on)
conve				, and fees are submitted to tion" in accordance with s.
Please	e return all con	respondence concernin	g this matter to:	
Lara	Blystone			
		(Contact Person)		
Son	icare Diagr	nostics		
		(Firm/Company)		
2570) Grovelan	d Ave.		
		(Address)		
Delte	ona, FL 32	725		
	(City, State and Zip Code)		
For fu	rther informat	ion concerning this ma	tter, please call:	
Lara	Blystone		at (407) 22°	1-5665
	(Name of Co	ontact Person)	_ \	ytime Telephone Number)
Enclos	sed is a check	for the following amou	int:	
□\$ 105	.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	S122.50 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRES	S:	MAILING A	ADDRESS:
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

FILED

Certificate of Conversion
For
"Other Business Entity"

08 APR 14 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Into
Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

accordance with 8, 007,1113, Florida Statutes.	
1. The name of the "Other Business Entity" immed of Conversion is:	iately prior to the filing of this Certificate
Sonicare Diagnostics, LLC	L08-20919
(Enter Name of Other l	Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: limited liabilit proprietorship, general partnership, cor	
first organized, formed or incorporated under the law (Enter state, or if a non-U.S. entity	
on_02/25/2008	
(Enter date "Other Business Entity" was firs	t organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" laws of which it is now organized, formed or incorp	
4. The name of the Florida Profit Corporation as set Incorporation:	forth in the attached Articles of
Sonicare Diagnostics, INC.	
(Enton Nome of Florida Da	CA Composition)

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)						
Signed	this 8th day of April	, 2008				
Signature: (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)						
Printed	Name: Lara BlystoneTitle:	President/Incorporator				
Fees:						
	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)				



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:

Sonicare Diagnostics, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2570 Groveland Ave. Deltona, FL 32725

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: mobile/portable ultrasound services and accreditation assistance.

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):

Lara Blystone President 2570 Groveland Ave. Deltona, FL 32725

ARTICLE VI REGISTERED AGENT

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

Lara Blystone, 2570 Groveland Ave. Deltona, FL 32725

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Lara Blystone 2570 Groveland Ave. Deltona, FL 32725

****************	*******
Having been named as registered agent to accept service of process for designated in this certificate, I am familiar with and accept the appointment	or the above stated corporation at the place ent as registered agent and agree to act in this
capacity Land Putton	4/8/08
Signature/Registered Agent	Date
Signature/lycorporator	7/8/08 Date

08 APR 14 PH 4: 09
SECRETARY OF STATE