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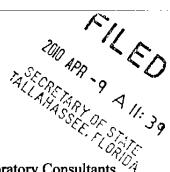
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:EAGI	LES PATHOLOGY LABORATOR	Y CONSULTANTS, INC.	
	(PROPOSED CORPORA	TE NAME - MUST INCL	<u>ude suffix</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:^	Maria Torres Mary	CA T Torr	~e5
243	0 South Hill Avenue	Address	
<u>Del</u>	and, FL 32724 City,	State & Zip	
(386	5) 216-7223 Daytime T	elephone number	
Mar	iatorres2@cfl.rr.com	d for future annual report i	notification)

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



ARTICLES OF INCORPORATION

- 1. The name of the Corporation shall be Eagles Pathology Laboratory Consultants, Inc.
- 2. The principal place of business and mailing address of the corporation shall be: 2430 South Hill Avenue, DeLand, Volusia County, FL 32724
- 3. The corporation shall have the authority to issue 10,000 shares of stock.
- 4. The name and address of the registered agent of the corporation is:

Maria Torres Maria T Torros
2430 South Hill Avenue, DeLand, FL 32724
Telephone: (386)216-7223

5. The initial Board of directors shall have one member, whose name and address is as follows:

Maria Torres Maria Torres 2430 South Hill Avenue, DeLand, FL 32724

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Maria Torres, whose street address is:

2430 South Hill Avenue, DeLand, FL 32724

Dated 04/01/10

Dated

Incorporator

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 provide with the provisions of all 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.

Duted	
	Registered Agent