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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
TREASURE CHEST PATHOLOGY, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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October 20, 2010

FLORIDA DEPARTMENT OF STATE  
NATIONAL CORPORATE RESEARCH, LTD Division of Corporations

SUBJECT: TREASURE COAST PATHOLOGY, P.C.  
REF: W10000049340

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

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**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:  
Treasure Coast Pathology, P. A.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
1128 Catalina Street  
Palm City, Florida 34990

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to engage in the general practice of medicine and to do all lawful things which may be incidental to or necessary  
or convenient in connection with the practice of medicine. This professional corporation, unless otherwise  
provided in these Articles of Incorporation or unless expressly prohibited by Chapter 607 or Chapter 621, shall  
have all powers granted to corporations by the Laws of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:  
The aggregate number of shares which the Corporation shall have the authority to issue is two hundred (200)  
common shares all of which are to be without par value.

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

List name(s), address(es) and specific title(s):  
S. Allen Mullen, M.D., 3557 Anhinga Avenue, Palm City, Florida 34990:  
President

Steve Lofton, M.D., 1128 Catalina Street, Palm City, Florida 34990:  
Treasurer/Secretary

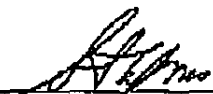
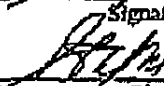
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Steve Lofton, M.D.  
1128 Catalina Street  
Palm City, Florida 34990

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Steve Lofton, M.D.  
1128 Catalina Street  
Palm City, Florida 34990

\*\*\*\*\*  
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

10/19/10  
\_\_\_\_\_  
Date  
10/19/10  
\_\_\_\_\_  
Date