| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only

M. MOON JUL 3 0 2018



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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 78.75 ORDER DATE: July 27, 2018 ORDER TIME : 12:55 PM ORDER NO. : 323013-005 CUSTOMER NO: 4327683 DOMESTIC FILING NAME: ADVANCED CARDIOVASCULAR DIAGNOSTICS OF FL P.A. EFFECTIVE DATE: XXX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

___ CERTIFIED COPY
___ PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

COVER LETTER

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

| SUBJECT: | ed Cardiovascular Diagnostics of Fl | .P.A. | |
|----------------------|-------------------------------------|------------------------------------|-------------------------|
| 30D3ECT | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | d a check for: |
| S70.00 Filing Fee | | S78.75 Filing Fee & Certified Copy | & Certificate of Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | Perry Frankel Nam | e (Printed or typed) | |
| 410 | Lakeville Road, Suite 209 | | |
| | | Address | |
| Nev | w Hyde Park, NY 11042 | | |
| | City | State & Zip | |
| 516 | -812-6255 | | |
| <u></u> | Daytime 1 | elephone number | |
| drpe | erryfrankel@cardiovasculartesting.c | | |
| | E-mail address: (to be use | d for future annual report | notification) |

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 corporat | ion shall be: | riagnostics of FL P.A. | | |
|--|---|-----------------------------------|--|--|
| ARTICLE II PRINC | | | Mailing address, if different is: | |
| 7900 Glades Road, Suit | e 350 | | | |
| Boca Raton F | 2 33434 | | | |
| ARTICLE III PURPO The purpose for which the as a health and preventa | tive measure. | n cardiovascular and related medi | | |
| | | | <u></u> 00 | |
| | | | : [| |
| | | | . 5 | |
| | ES 200 stock is: L OFFICERS AND/OR DIRECTORS | | | |
| Name and Title | Dr. Perry A. Frankel, Director | Name and Title: | | |
| Address | 410 Lakeville Road, Suite 209 | Address: | | |
| | New Hyde Park, NY 11042 | | | |
| Name and Title: | | Name and Title: | | |
| Address | | Address: | | |
| | | | | |
| Name and Title: | | Name and Title: | | |
| Address | | Address: | | |
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| Name a | nd Title: | Name and Title: |
|-------------------------------|---|---|
| Addres | | Address: |
| | | |
| ARTICLE VI | ······································ | |
| Name: | Florida street address (P.O. Box NOT acceptab Perry Frankel | ie) of the registered agent is: |
| Address: | 7900 Glades Road, Suite 350 | |
| | Boca Raton, FL 33433 | |
| ARTICLE VII | INCORPORATOR | المار . معرفة معرفة |
| The name and a | ddress of the Incorporator is: | ب |
| Name: | Perry Frankel | (1) |
| Address: | 7900 Glades Road, Suite 350 | , . |
| | Boca Raton, FL 33433 | |
| Effective date, if | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cr | . (OPTIONAL) unnot be more than five days prior or 90 days after the |
| | e inserted in this block does not meet the applic effective date on the Department of State's reco | able statutory filing requirements, this date will not be listed as rds. |
| | | ocess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity |
| Ву: | Required Signature/Registered Agent | 7/25/19 Date |
| I submit this document to the | • | are true. I am aware that the false information submitted in a elony as provided for in s.817.155, F.S. |
| 1 le | | 7/25/18 |
| Requi | ired Signature/Incorporator | Date |