

P95000002174

JANUARY 31, 1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399
PHONE 904/487 6052

SUBJECT: ATLANTIC COAST DIAGNOSTICS, INC.
NAME RESERVATION NUMBER R94000005669

TO WHOM IT MAY CONCERN,

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CAPTIONED CORPORATION (NAME RESERVATION #R94000005669), AND A CHECK IN THE AMOUNT OF \$122.50.

ALSO ENCLOSED PLEASE FIND A COMPLETED UPS NEXT DAY AIR BILL. PLEASE RETURN THE ARTICLES VIA THIS AIR BILL.

THANK YOU.

Michael Delesparra
Diagnostics of South Florida
4300 NW 92nd Terrace
Coral Springs, FL 33065

W. P. Am

B. REED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F11 77

ARTICLES OF INCORPORATION

OF

ATLANTIC COAST DIAGNOSTICS, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ATLANTIC COAST DIAGNOSTICS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2236 UNIVERSITY DRIVE

CORAL SPRINGS, FLORIDA 33071

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

SIXTY (60)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL DELESPARHA

2236 UNIVERSITY DRIVE

CORAL SPRINGS, FLORIDA 33071

CONTINUED ON NEXT PAGE

ARTICLE V INCORPORATOR

The name and street address of the Incorporator to these Articles of Incorporation is:

RON WECHSEL, D.

5710 NW 74th PLACE #105

COCONUT CREEK, FLORIDA 33073

MICHAEL DELLESPARRA, D.

23085-5 AQUA VIEW

BOCA RATON, FLORIDA 33433

The undersigned Incorporator has executed these Articles of Incorporation
this 1st day of January, 1995.

Ron Wechsel, D. Michael DelleSparra, D.
SIGNATURE

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OF 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ATLANTIC COAST DIAGNOSTICS, INC.

2. The name and address of the registered agent and office is:

MICHAEL DELESPARHA

2236 UNIVERSITY DRIVE

CORAL SPRINGS, FLORIDA 33071

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 COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Michael Delesparha, Jr.
SIGNATURE

1/1/75
DATE