

**TRANSMITTAL LETTER**  
**P9500005577**

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

800001383268  
-01/18/95--01097--025  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** DIAGNOSTIC MEDICAL TESTING INTERNATIONAL, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FILED  
JAN 18 PM 3:24  
TALLAHASSEE, FLORIDA

**FROM:** SUE ANN WILSON  
Name (printed or typed)

8391 76th Ave. No.  
Address

Largo, FL 34647  
City, State & Zip

(813) 398-6626  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

DIAGNOSTIC MEDICAL TESTING INTERNATIONAL, INC.

### ARTICLE II PRINCIPAL OFFICE

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

8050 SEMINOLE MALL OFFICE CENTER, SUITE #346  
SEMINOLE, FLORIDA 34642

### ARTICLE III SHARES

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

7,500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SUE ANN WILSON  
8391 76th AVE. NO.  
LARGO, FL 34647

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Christopher L. Wilson  
3132 Portland Court  
Aurora, IL 60504

Sue Ann Wilson  
8391 76th Ave. No.  
Largo, FL. 34647

Melvin Bauer  
850 119th Avenue  
Treasure Island, FL 33706

The undersigned incorporator(s) has(~~have~~) executed these Articles of Incorporation this

12th day of January, 1995.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is: Diagnostic Medical Testing International, Inc.

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

Sue Ann Wilson

(Name)

8050 Seminole Mall Office Center #346

(P.O. Box ~~not~~ acceptable)

Seminole, Florida 34642

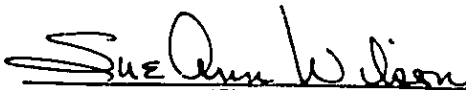
(City/State/Zip)

TALLAHASSEE, FLORIDA

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*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.*

  
(Signature)

1-12-95  
(Date)

P9500005577

(Requestor's Name)

410000115310064  
-11-07-95-10300-123  
\*\*\*\*\*35.00 \*\*\*\*\*5.00

BAUER AND ASSOCIATES INSURANCE CONSULTANTS

OFFICE USE ONLY

8050 SEMINOLE OFFICE CENTER, SUITE 346, SEMINOLE, FL 34642

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
95107-7 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEG-15  
11-15

Examiner's Initials

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

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DIAGNOSTIC MEDICAL TESTING INTERNATIONAL, INC.  
(present name)

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*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

**ARTICLE I**

**THE NEW NAME SHALL BE:**

STATE OF THE ART DIAGNOSTIC TESTING, INC.

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25 NOV -7 AM 9:20  
STATE  
CLERK  
TALLAH

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: NOV. 2, 1995

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.  
*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*
- "The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_,"  
voting group
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 2nd of NOVEMBER, 19 95.

Signature Sue Ann Wilson  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

SUE ANN WILSON

Typed or printed name

SECRETARY / TREASURER

Title