

P95000019355

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 8 PM 1:40

Re: POMPANO DIAGNOSTICS, INC. Inc
(name of corporation)

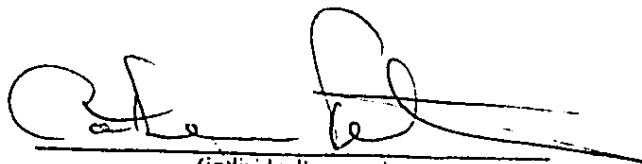
900001424509
-03/08/95--01070--020
***122.50 ***122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,


(individual's name)
CATHERINE PETERS

POMPANO DIAGNOSTICS, INC.
(name of corporation)

3/9/95
(TD)

MAILING ADDRESS OF CORPORATION		
1500 W. SAMPLE ROAD		
Suite 20183		
POMPANO BEACH, FLORIDA		
33064		
PHONE		
()		
Area Code	Number	Ext

ARTICLES OF INCORPORATION

of
POMPANO DIAGNOSTICS, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

POMPANO DIAGNOSTICS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares (500) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>CATHERINE PETERS</u>		
ADDRESS	<u>23090 SW 56 AVE</u>		
CITY	<u>BOCA RATON</u>	FLORIDA	ZIP <u>33433</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>POMPANO DIAGNOSTICS, INC</u>		
ADDRESS	<u>1500 West SAMPLE ROAD, Suite 20183</u>		
CITY	<u>POMPANO BEACH</u>	FLORIDA	ZIP <u>33064</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>CATHERINE PETERS</u>		
ADDRESS	<u>23090 SW 56 AVE</u>		
CITY	<u>BOCA RATON</u>	STATE <u>FLORIDA</u>	ZIP <u>33433</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	CATHERINE PETERS		
ADDRESS	23090 SW 56 AVE		
CITY	BOCA RATON	STATE	FLORIDA
		ZIP	33433
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 4th day of MARCH, 1995.

Catherine Peters (Seal)
CATHERINE PETERS
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF PALM BEACH) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Catherine Peters Signature P 362-135-55-8240 Form of Identification

 Signature Form of Identification

 Signature Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

OFFICIAL NOTARY SEAL
 DAWN MCCAFFREY
 NOTARY PUBLIC STATE OF FLORIDA
 COMMISSION NO. CC246638
 MY COMMISSION EXP. NOV. 30, 1996

Witness my hand and official seal in the County and State last aforesaid this 4th day of MARCH, 1995.

Dawn McCaffrey
 Notary Signature
DAWN MCCAFFREY
 Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

POMPAÑO DIAGNOSTICS, INC.
(name of corporation)

FILED
95 MAR -8 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

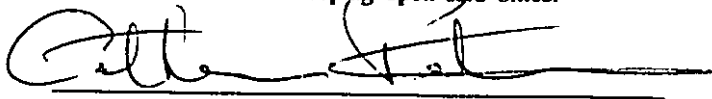
The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 23090 SW 56 AVE
BOCA RATON, FLORIDA 33433

has named CATHERINE PETERS
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(registered agent)
CATHERINE PETERS

POMPANO DIAGNOSTICS, INC.
1500 W. SAMPLE ROAD
SUITE 20183
POMPANO BEACH, FL 33064
(408) 488-7149

P95000019355

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

FEBRUARY 20, 1996

FILED
1996 APR 22 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

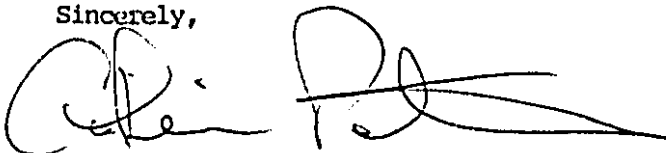
Dear Sirs;

Enclosed please find a check in the amount of \$35.00 for the filing fee necessary for dissolution of POMPANO DIAGNOSTICS, INC., a Florida corporation.

POMPANO DIAGNOSTICS, INC.
DOCUMENT NUMBER P95000019355
FEI#: 65-0569371

800001790338
-04/23/96--01119--008
*****35.00 *****35.00

Sincerely,



Catherine Peters, President

V6/Dis

VS MAY 1 1996

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: POMPANO DIAGNOSTICS, INC.

SECOND: The date dissolution was authorized: FEBRUARY 20, 1996

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

"The number of votes cast for dissolution was sufficient for approval by _____ N/A _____."]
(voting group)

Signed this 20 day of FEBRUARY, 1996.

Signature 
(By the Chairman or Vice Chairman of the Board, President, or other officer)

CATHERINE PETERS
(Typed or printed name)

PRESIDENT
(Title)

FILED
96 APR 22 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA