

TRANSMITTAL LETTER

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

9500029547

SUBJECT: Quality Diagnostics of Central Florida, Inc.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 122.50 .

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
APR 10 1995

FROM:

Sudie Hiller  
Name (printed or typed)  
109 Odin Drive  
Address  
Winter Haven, FL 33884-4115  
City, State, & Zip  
( 813 ) 324-0071  
Telephone Number

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
APR 10 1995

APR 10 PM 12:35

4/14/95  
DS

Note: Please provide the original and one copy of the Articles.

## ARTICLES OF INCORPORATION

OF

Quality Diagnostics of Central Florida, Inc.

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

### ARTICLE I NAME

The name of the corporation shall be:

Quality Diagnostics of Central Florida, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

109 Odin Drive  
Winter haven, FL 33884-4115

### ARTICLE III CAPITAL STOCK

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

100 (One-Hundred)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sudie Hiller  
109 Odin Drive  
Winter Haven, FL 33884-4115

SECRETARY OF STATE  
APR 10 PM 12:35  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

Sudie Hiller  
109 Odin Drive  
Winter Haven, FL 33884-4115

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

6th day of April, 1995

Studie Hiller  
Signature Studie Hiller

Signature

Signature

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: Quality Diagnostics of Central Florida, Inc.

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

Sudie Hiller  
(NAME)

109 Odin Drive  
(P.O. BOX NOT ACCEPTABLE)

Winter Haven, FL 33884-4115  
(CITY/STATE/ZIP)

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

Sudie Hiller  
Sudie Hiller

DATE April 6, 1995

REGISTERED AGENT FILING FEE: \$35.00