

P9500059004

FILINGS, INC. TERESA ROMAN
 (Requestor's Name)
 2805 LITTLE DEAL ROAD
 (Address)
 TALLAHASSEE, FLORIDA 32308 (904) 385-6735
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

700001552277
 -08/02/95--01083---009
 ****122.50 ****122.50

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

1. A.L.B. MEDICAL, INC. (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 checked="" 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

7/31/95

Examiner's Initials _____

CERTIFICATE OF INCORPORATION
OF
A.L.B. MEDICAL, INC.

FIRST: The name of the corporation is A.L.B. MEDICAL, INC.

SECOND: Its principal office in the State of Florida is to be located at 9055 N.W. 13th Court, in the City of Coral Springs, County of Broward, State of Florida.

THIRD: The nature of the business and objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz

"The purpose of the corporation is to engage in any lawful act or activity for which the corporation may be organized under the General Corporation Law of Florida."

FOURTH: The corporation shall have the authority to issue one hundred (100) Shares of the Common Stock, each share to have One Dollar (\$1.00) Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors.

FIFTH: The name and mailing address of the sole incorporator is as follows:

ROCHELLE FROLOFF
9055 N.W. 13th Court
Coral Springs, Florida 33071

SIXTH: The name of the Designated Resident agent is ROCHELLE FROLOFF, located at 9055 N.W. 13th Court, in the City of Coral Springs, County of Broward, State of Florida.

Rochelle Froloff
(Signature)

ROCHELLE FROLOFF
(Typed Name)

9055 N.W. 13th Court
(Street)

Coral Springs, Florida 33071
(City) (State) (Zip)

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 607.34, Florida Statutes, the following is submitted, in compliance with said Act:

First, that A.L.B. MEDICAL, INC., desiring to organize under the laws of the State of Florida, with the principal office, as indicated in the Articles of Incorporation, located at 9055 N.W. 13th Court, City of Coral Springs, County of Broward, State of Florida, has named ROCHELLE FROLOFF, located at 9055 N.W. 13th Court, in the City of Coral Springs, County of Broward, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT: (Must be signed by designated agent)

Having been named to accept service of process for the above-named corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By: Rochelle Froloff
Signature of Registered Agent