

P95000060183
(SAMPLE LETTER OF TRANSMITTAL)

Date

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

7000001552777
00703/95-01042-019
***122.50 ***122.50

Re: Medical Lab Corp., Inc.
(name of corporation)

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,

VARINKA DURAN
(individual's name)

Medical Lab Corp.
(name of corporation)

MAILING ADDRESS OF CORPORATION		
858 W Flagler st suite E		
MIAMI, FL 33130		
F. CHESSER AUG 4 1995		
PHONE		
(305)	327-0165	
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

Medical Lab Corporation
(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:

Medical Lab Corporation

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 one hundred shares (100) 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>VARINKA DURAN</u>		
ADDRESS	<u>858 W FLAGLER ST SUITE E</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33130</u>

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

NAME	<u>Same as above</u>		
ADDRESS			
CITY	<u>MIAMI</u>	FLORIDA	ZIP

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>Varinka Duran</u>		
ADDRESS	<u>858 W FLAGLER ST SUITE E</u>		
CITY	<u>MIAMI</u>	STATE <u>FLORIDA</u>	ZIP <u>33130</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

FILED
1995 AUG - 3
TALLAHASSEE
SECRETARY OF STATE

ARTICLE VII - INCORPORATORS

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

NAME	VARINKA DURAN		
ADDRESS	858 W FLAGLER - ST SUITE E		
CITY	MIAMI	STATE	FLORIDA
			ZIP 33130
NAME			
ADDRESS			
CITY		STATE	
			ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 26 day of July, 1995.

(Seal)

(Seal)

(Seal)

STATE OF FLORIDA)
COUNTY OF Dade) SS

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

VARINKA DURAN

Signature

DR. L.F. D650 860 66 8250 (172)

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 SHE 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



FRANCISCO P. RODRIGUEZ



FRANCISCO P. RODRIGUEZ
COMMISSION # CC 437795
EXPIRES FEB 15, 1999
BONDED THRU
ATLANTIC BONDING CO. INC.

Witness my hand and official seal in the County and State last aforesaid this 26 day of July, 1995

Notary Signature

Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Medical Lab Corporation
(name of corporation)

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 858 W FLAGLER ST SUITE E

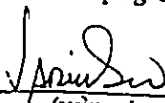
MIAMI FL 33130

has named VARINKA DUBOV

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)

SECRET
TALLAHASSEE, FLORIDA

1995 AUG - 3 PM 10: 19

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DEPARTMENT OF CORPORATIONS

FILED

96 SEP 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060183

MEDICAL LAB CORPORATION

Principal Place of Business

858 W FLAGLER ST SUITE E
MIAMI FL 33130

Mailing Address

858 W FLAGLER ST SUITE E
MIAMI FL 33130



REINSTATEMENT

96

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1995

5. FEI Number

65-0601100

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officer
and/or Director

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

P VARINKA DURAN

858 W Flagler St E Miami FL

Miami, Florida 33130

40000136-2824
-10/08/96--01114--010
****375.00 ****375.00

JB10-2-96

8. Name and Address of Current Registered Agent

DURAN, VARINICA
858 W FLAGLER ST SUITE E
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. # Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9-17-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617 0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 119 07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-96 (305)326-9980
Date Daytime Phone #

CR2040 (7-92)