

P96000025723

Requestor's Name

Alternative Bio-Diagnostic Services, Inc  
150 NW 108 Ave #15-108  
Pembroke Pines, FL 33026

Office Use Only

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

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

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-03/18/96--01116--003  
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- ☐ 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

5/22/96  
FILED  
95 MAR 22 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
ALTERNATIVE BIO-DIAGNOSTIC SERVICES, INC.**

**ARTICLE I**

**NAME**

The name of this corporation shall be:

**ALTERNATIVE BIO-DIAGNOSTIC SERVICES, INC.**

FILED  
95 MAR 22 PM 3:08  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II**

**PURPOSE**

This corporation is organized for the purpose of operating as a **SALES COMPANY** and transacting any and all lawful business.

**ARTICLE III**

**CAPITAL STOCK**

This corporation is authorized to issue 1000 shares of \$1 par value common stock.

**ARTICLE IV**

**INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT**

The street address of the initial principal office and registered office of this corporation is 150 NW 108 Terrace, # 15-108; Pembroke Pines, Fl 33026 and the name of the initial registered agent of this corporation at the above address is:

**CAREN SCHARF**

## **ARTICLE V**

### **DIRECTORS**

This corporation shall have one Director 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. The name and address of the initial Director of this corporation is:

Caren Scharf  
150 N.W. 108 Terr. #15-108  
Pembroke Pines, Florida 33026

## **ARTICLE VI**

### **INCORPORATORS**

The name and address of the person signing these Articles is:

Caren Scharf  
150 N.W. 108 Terr. #15-108  
Pembroke Pines, Florida 33026

## **ARTICLE VII**

### **POWERS**

This corporation shall have all the corporate powers enumerated in the Florida General Corporation Act.

## **ARTICLE VIII**

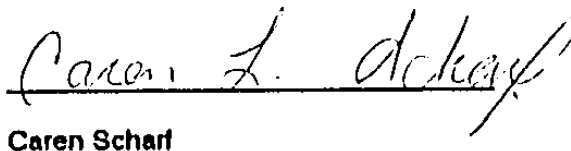
### **INDEMNIFICATION**

The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

ARTICLE IX  
AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 15th day of March, 1996.



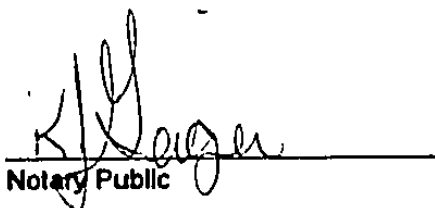
Caren Scharf

STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that on this 15th day of March, 1996 personally appeared before me, the undersigned authority, Caren Scharf, to me well known and known to me to the individuals described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.



K. J. GEIGER  
MY COMMISSION # CC 205845 EXPIRES  
June 20, 1996  
BONDED THRU FIDELITY INSURANCE, INC.

  
Notary Public

My commission Expires:

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED;

ALTERNATIVE BIO-DIAGNOSTIC SERVICES, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA,

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 150 N.W. 108 TERR # 15-108; CITY OF PEMBROKE PINES, COUNTY OF BROWARD, STATE OF FLORIDA; ZIP 33026. AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE Caren L. Dehauf  
(CORPORATE OFFICER)  
TITLE President  
DATE 3/15/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROGRESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE Caren L. Dehauf  
DATE 3/15/96