

H96000039811

5/08/96 FROM: DIVISION OF CORPORATIONS 12:11 PM
PUBLIC ACCESS SYSTEM
TO: DIVISION OF CORPORATIONS ELECTRONIC FILING COVER SHEET
DEPARTMENT OF STATE FROM: FAG-T CORP. AGENTS, INC.
STATE OF FLORIDA 8405 NW 53RD ST
409 EAST GAINES STREET SUITE C-100
TALLAHASSEE, FL 32399 MIAMI FL 33166-0001-
FAX: (904) 922-4000 CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0039
FAX: (305) 592-9591

((H96000006519)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: BLUE CROSS REFERRAL LABORATORY INC.
FAX AUDIT NUMBER: H96000006519 CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/08/1996 TIME REQUESTED: 12:14:11
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$78.75 ACCOUNT NUMBER: 071001002335

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H96000006519))

** ENTER 'M' FOR MENU. **
5/08/96

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC PROCESSING MENU

12:14 PM

59

DIVISION OF CORPORATIONS

96 MAY -8 PM 2:40

RECEIVED

FILED
96 MAY -8 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
JUL 11 1977
FBI - MIAMI

**ARTICLES OF INCORPORATION
OF
BLUE CROSS REFERRAL LABORATORY INC.**

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

ARTICLE I

The name of the corporation shall be: BLUE CROSS REFERRAL LABORATORY INC.

The Address of the corporation shall be: 2305 SW 62 CT, MIAMI, FL. 33155

ARTICLE II NATURE OF BUSINESS

This Corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is 1500 shares of Common stock, par value of \$1.00.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officer and director, in any, who shall hold office the first year of the corporation's existence of until his successor are elected is:

BRAULIO CAMPOS
2305 SW 62 CT
MIAMI, FL. 33155
450 Shares

ARTICLE VI INCORPORATOR(S)

The name and street address of the incorporator to this articles of incorporation is:

BRAULIO CAMPOS
2305 SW 62 CT
MIAMI, FL. 33155

Prepared by: Julio E. Rodriguez
2658 N.W. 74th Ave.
Miami, Fl 33122
(305) 597-7043

05-07-96 01:35PM FROM THE MANAGEMENT GROUP

P03

H96000006519

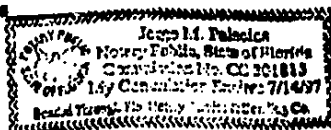
IN WITNESS WHEREOF, the undersigned incorporator has executed these articles of incorporation this
____ day of _____ of 19____.

Braulio M. Campos
Incorporator's signature

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 7th day of
May of 1996 by Braulio M. Campos of Blue Cross
Referral Laboratory Inc.

JOSE M. PALACIOS
NOTARY PUBLIC
My commission expires _____



H96000006519

05-07-96 11 35PM FAX THE MANAGEMENT GROUP

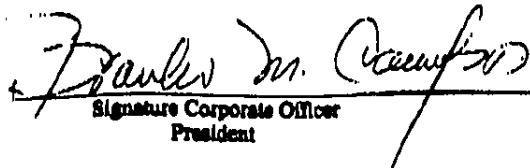
P04
H96000006519

CERTIFICATION OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

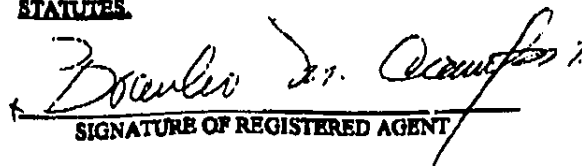
1. The name of the Corporation is: BLUE CROSS REFERRAL LABORATORY, INC.
2. The name and address of the registered agent and office is:

BRAULIO CAMPOS
2305 SW 62 CT
MIAMI, FL. 33155


Signature Corporate Officer
President

Dated: 3 of May of 19 96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.


SIGNATURE OF REGISTERED AGENT

DATED: 3rd Day of May of 19 96

FILED
96 MAY -8 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H96000006519