

P96000071329

TRANSMITTAL LETTER

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

100001982021  
-08/26/96--01026--003  
\*\*\*122.50 \*\*\*122.50

SUBJECT: TRINITY DIAGNOSTIC, INC.  
(Proposed corporate name - muse include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<u>    </u> \$70.00	<u>    </u> \$78.75	<u>  x  </u> \$122.50	<u>    </u> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Barbara O'Rourke  
Name (printed or typed)

744 N.W. 7th Street  
Address

Boca Raton, Florida 33486  
City, State & Zip

561-394-5697  
Daytime Telephone Number

96 AUG 23 PM 3:51  
FILED  
STATE  
TALLAHASSEE, FLORIDA

AUG 27 1996 BSB

**NOTE: Please provide the original and one copy of the articles.**

## ARTICLE OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Trinity Diagnostic, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

744 N.W. 7th Street  
Boca Raton, Florida 33486

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barbara O'Rourke  
744 N.W. 7th Street  
Boca Raton, FL 33486

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

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

Barbara O'Rourke  
744 N.W. 7th Street  
Boca Raton, FL 33486

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
21 day of August, 19 96.

  
\_\_\_\_\_  
Barbara O'Rourke      Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Trinity Diagnostic, Inc.

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

Barbara O'Rourke

(Name)

744 N.W. 7th Street

(P.O. Box or Mail Drip Box: **NOT** ACCEPTABLE)

Boca Raton, FL 33486

(CITY/ STATE/ ZIP)

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*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.*

*Barbara O'Rourke*  
(SIGNATURE)

8-21-96  
(DATE)