

P90000087314

TRANSMITTAL LETTER

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

SUBJECT: COUNTY CARE, INC.
(Proposed corporate name-must include suffix)

100001982471--2
-10/22/96--01045--018
****131.25 ****131.25

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required for above two

FROM: KATHLEEN FROST-PONTE
Name

4125 SW MARTIN HIGHWAY
Address

PALM CITY, FLORIDA 34990
City, State & Zip

561-220-0411
Daytime Telephone Number

cc: 10/23/96
10/23/96

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

9/10/23/96

ARTICLES OF INCORPORATION

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

56 OCT 21 PM 12:14
COUNTY CLERK
FLORIDA

ARTICLE I: NAME

The name of the corporation shall be:
COUNTY CARE, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
*3200 HARBOR ROAD
KISSEMEE, FLORIDA 32746*

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 SHARES

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*KATHLEEN FROST-PONTE
4125 SW MARTIN HIGHWAY
PALM CITY, FLORIDA 34990*

ARTICLE V: INCORPORATOR(S)

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

*FRANK CAGNO
206 BAY 29 STREET
BROOKLYN, N.Y. 11214*

*ROBERT DELLA MONICA
3200 HARBOR ROAD
KISSEEMEE, FLORIDA 32746*

ARTICLE VI: PURPOSE

The purpose of the corporation is:

DIAGNOSTIC TESTING SERVICES AND RELATED HEALTH SERVICES


ARTICLE VII: VALUE AND CLASS OF STOCK

The par value and class of stock is:

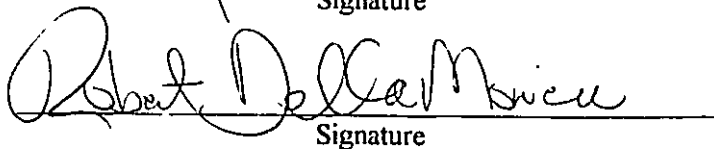
\$1.00 PER SHARE / COMMON STOCK

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

10 day of Oct, 19 96



Signature



Signature

**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:

COUNTY CARE, INC.

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

*KATHLEEN FROST-PONTE
4125 SW MARTIN HIGHWAY
PALM CITY, FLORIDA 34990*

(P.O. box or Mail drop Box **NOT** Acceptable)

FILED
STATE
DIVISION OF
CORPORATIONS
96 OCT 21 PM 12:44

*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.*

Kathleen Frost-Ponte

Signature

10/10/96

Date

**SEND TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**