

TRANSMITTAL LETTER

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

SUBJECT: MOBILE DIAGNOSTIC SERVICES, INC.
(Proposed corporate name - must include suffix)

300001968013
-10/08/96--01128--008
*****70.00 *****70.00

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 OCT 29 PM 2:32

FILED

FROM: DANIELE PUSTILNIK
Name (printed or typed)

5211 DEERHURST CRESENT Circle
Address

BOCA RATON, FL 33486
City, State & Zip

(561) 750 0817
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum
Secretary of State

October 11, 1996

^P
DANIELE RUSTILNIK
5211 DEERHURST CRESENT CIRCLE
BOCA RATON, FL 33486

SUBJECT: MOBILE DIAGNOSTIC SERVICES, INC.
Ref. Number: W96000021560

We have received your document for MOBILE DIAGNOSTIC SERVICES, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

We have received your document for MOBILE DIAGNOSTIC SERVICES, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Here are other names in order of preference:

- 1) INDEPENDENT NEURO-TECHS, INC.
- 2) AMERICAN NEURO-TECHS, INC.
- 3) NEURO-TECHS ASSOCIATES, INC.

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.

FILED
96 OCT 29 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

INDEPENDENT NEURO-TECHS, INC.

ARTICLE II PRINCIPAL OFFICE

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

5211 DEERHURST CRESENT Circle
BOCA RATON, FL 33486

ARTICLE III SHARES

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

100 - one Hundred -

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DANIELE PUSTILNIK
5211 DEERHURST CRESENT Circle
BOCA RATON, FL 33486.

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

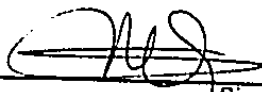
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

— DANIELE RUSTILNIK, PRESIDENT
5211 DEERHURST CRESENT CIRCLE
FOUCA RATON, FL 33486.

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

3rd day of October, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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: INDEPENDENT NEURO-TECHS, INC.
2. The name and address of the registered agent and office is:

DANIELE PUSTILNIK
(NAME)

5211 DEERHURST CRESENT Circle
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

BOCA RATON FL 33486
(CITY/STATE/ZIP)

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.


(SIGNATURE)

10 /
(DATE)

96 OCT 29 PM 2:32
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314