## TRANSMITTAL LETTER

Deprimer of Sile  In the of Contraction  P. Box 637  Thinhassee, TL 37-14	1967/
Hahassee, TL 33514	

SUBJECT: INVESTIGATIVE HEALTH Services, IHS, CORP
(Proposed corporate name - must include suffix)

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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: EVNEST A. LABRADOR Name (Printed or typed)

NAPLES

941-353-7220
Daytime Telephone number

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

## 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.

ARTICLE I NAME

The name of the corporation shall be:

INVESTIGATIVE Health Services, IHS, Corp.

ARTICLE II PRINCIPAL OFFICE

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

6017 Pine Ridge Rd. P.O. Box 133 Naples FL. 34119 97 FEB 26 AH IO: 25
SECRETARY OF STATE
TALLAHASSEF FLORIDA

ARTICLE III SHARES

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

10 Shares at \$ 100 share value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ETNYST A.LABRADOR., 160 CR 951 LOT 2112 Naples FL. 84119

## 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):

Ernest A. Labrador - President.

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 INVESTIGATIVE HEAlth Servi	ices JHS, Com
2. The name and address of the registered agent and office is:	
Erness 1. habrador (NAME)	a
160 CR 951 LOT 2112.  (P. O. Box of Mail Drop Box NOT ACCEPTABLE)	97 FEB 26 SECRETARY
Noplos FL. 34119 (CITY/STATE/ZIP)	26 AH IO: 25 RY OF STATE SEEF FLORID,
	55E 25

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) 2/24/97 (DATE)