

P97000030187

NEUROPHYSIOLOGIC TESTING, INC.  
333 W. CAMINO GARDENS BLVD.  
SUITE #100  
BOCA RATON, FL 33432

March 24, 1997

SECRETARY OF STATE  
CORPORATION DIVISION  
THE CAPITOL  
TALLAHASSEE, FLORIDA 32301

Re: Articles of Incorporation

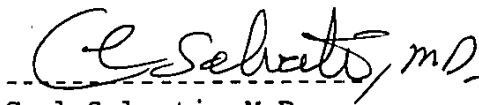
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-04/02/97--01125--004  
\*\*\*\*122.50 \*\*\*\*122.50

Dear Sirs,

Enclosed you will find my check in the amount of \$122.50 which pays the filing fee, Resident agent fee, and certified copy of the Articles of Incorporation included herein.

Thank you for your consideration in this matter, and if you have any questions, please contact me immediately.

Very truly yours,



Carl Salvati, M.D.  
President

FILED  
97 APR -2 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

n.c 4/3/97

ARTICLES OF INCORPORATION  
OF  
NEUROPHYSIOLOGIC TESTING, INC.

FILED  
97 APR -2 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I  
NAME

The name of this Corporation shall be :

NEUROPHYSIOLOGIC TESTING, INC.

ARTICLE II  
PURPOSE

This corporation is organized for the purpose of operating as a **MEDICAL TESTING COMPANY** and transacting any and all lawful business.

ARTICLE III  
CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1 par value common stock.

ARTICLE IV  
INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this corporation is 333 W. CAMINO GARDENS BLVD. SUITE #100 BOCA RATON, FL 33432 and the name of initial registered agent of this corporation at the above address is:

Carl Salvati, M.D

## ARTICLE V

### DIRECTORS

This corporation shall have one Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial Director of this corporation is:

Carl Salvati, M.D  
1524 Sw 6th Ct.  
Boca Raton, Fl 33486

## ARTICLE VI

### INCORPORATORS

The name and address of the person signing these Articles is:

Carl Salvati, M.D  
1524 Sw 6th Ct.  
Boca Raton, Fl 33486

## ARTICLE VII

### POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

## ARTICLE VIII

### INDEMNIFICATION

The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

**ARTICLE IX**

**AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 24th day of MARCH, 1997.

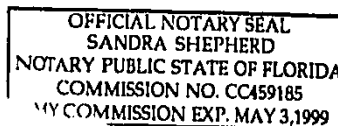
Carl Salvati, M.D.

STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that on this 24TH Day of MARCH, 1997 personally appeared before me, the undersigned authority, Carl Salvati, M.D to me well known and known to me to the individuals described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

Sandra Shepherd  
Notary Public

My commission Expires:



CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

NEUROPHYSIOLOGIC TESTING, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 333 W. CAMINO GARDENS BLVD. SUITE #100 CITY OF BOCA RATON, COUNTY OF PALM BEACH, STATE OF FLORIDA. AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

C. E. Salvato, MD  
(CORPORATE OFFICER)

TITLE

President.

DATE

3/27/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

DATE

C. E. Salvato, MD

3/27/97

FILED  
97 APR -2 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA