

TRANSMITTAL LETTER

P970000033307

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

200002140512--9
-04/11/97--01071--013
****122.50 ****122.50

SUBJECT: SOUTH ORLANDO DIAGNOSTICS INC
(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
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SUSAN POLLARD
Name (Printed or typed)

714 N Bermuda Avenue

Address

Kissimmee FL 34741

City, State & Zip

407-931-0122

Daytime Telephone number

FILED
97 APR 11 11:42
TALLAHASSEE, FL

APR 14 1997

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:

South Orlando Diagnostics Inc

A corporation engaging in diagnostics and all other lawful enterprises in the state of Florida. The corporation shall have perpetual duration.

ARTICLE II PRINCIPAL OFFICE

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

714 N Bermuda Avenue, Kissimmee FL 34741

ARTICLE III SHARES

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

one-hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Susan Pollard
714 N Bermuda Ave
Kissimmee FL 34741

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):

Susan Pollard
714 N Bermuda Ave
Kissimmee FL 34741

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

2nd day of April, 19 97.

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

✓ Susan A. Pollard

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 South Orlando Diagnostics Inc

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

Susan Pollard

(NAME)

714 N Bermuda Avenue

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Kissimmee FL 34741

(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.

Susan L Pollard
(SIGNATURE)

April 2 1997

(DATE)