

P97000047340

TRANSMITTAL LETTER

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

400002186424--0  
-05/21/97--01051--001  
\*\*\*122.50 \*\*\*122.50

SUBJECT: Holly CARE AND DIAGNOSTICS 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  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

ZULAY NORRIS

Name (printed or typed)

17021 N. BAY RD #625

Address

N. Miami Beach, FL 33160

City, State & Zip

(305) 948-6728.

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 MAY 29 AM 11: 18

FILED

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

nc 5/29/97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 22, 1997

ZULAY NORRIS  
17021 N. BAY RD. #625  
N. MIAMI BEACH, FL 33160

SUBJECT: HOLLY CARE AND DIAGNOSTIC CORP.  
Ref. Number: W97000012048

We have received your document for HOLLY CARE AND DIAGNOSTIC CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6067.

Neysa Culligan  
Document Specialist

Letter Number: 897A00027918

**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:

Holly CARE AND DIAGNOSTICS CORP.

**ARTICLE II PRINCIPAL OFFICE**

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

17021 N. BAY Rd # 625  
N. MIAMI BEACH, FL 33160

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TALLAHASSEE, FLORIDA

**ARTICLE III SHARES**

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

500 SHARES - 1.00 PAR VALUE

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

ZULAY NORRIS  
17021 N. BAY Rd # 625  
N. MIAMI BEACH, FL 33160  
(305) 948-6728.

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):

ZULAY NORRIS, PRESIDENT + SECRETARY  
17021 No. Bay Road, North Miami Beach, FL 33160

MARIA A. MUSTELIER, VICE-PRESIDENT + TREASURER  
17021 No. Bay Road, North Miami Beach, FL 33160

ARTICLE VI - OFFICERS

THE FOLLOWING NAMED SHALL BE OFFICERS + SHAREHOLDERS


ZULAY NORRIS, PRESIDENT + SECRETARY 10 SHARES

MARIA A. MUSTELIER, VICE PRESIDENT + TREASURER 10 SHARES

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

19 day of MAY, 19 97.

  
\_\_\_\_\_  
Signature President + SECRETARY

  
\_\_\_\_\_  
Signature VICE PRESIDENT + TREASURER

\_\_\_\_\_  
Signature

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: Holly CARE AND DIAGNOSTICS  
CORP.

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

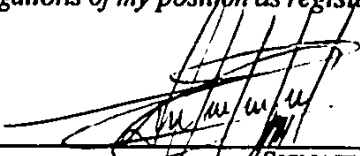
Zulay NORRIS  
(NAME)

17021 N. BAY Rd #625  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

N. MIAMI BEACH, FL 33160  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*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)

ZULAY NORRIS

05-19-97.  
(DATE)