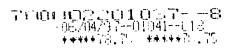
## P910005013

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



SUBJECT:	escline Diagnosh (Proposed	corporate name - must include	Jnc, estiffix)	-
Enclosed is an original a	nd one(1) copy of the articl	les of incorporation and a c	check for :	
\$70.00	\$78.75	\$122.50	<b>□</b> \$131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
g : 00	& Certificate	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM:	Ecvecia 3.	Diagnostics of Orl	ando, Inc.	1
_	2582 5.Ma	Pure RD # 340		ဟ
_	Ococe F	F1. 3476/ y, State & Zip	SECKETANASSE	FILED
_	1 — 80 Daytime	0 - 749-1566 Telephone number		D PH 12:

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

### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

# Story In the Date of the Story of the Story

### ARTICLE I NAME

The name of the corporation shall be:

Baxline Diagnostics of Orlando, Fre

### ARTICLE II PRINCIPAL OFFICE

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

2582 5. Magurie Rd. #340 Ocole, F. 34761

### ARTICLE III SHARES

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

100 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Beverly S. Early 12836 Lakeshore Drue Clermont, Fla. 34712

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Beverly & Carole Early P.O. Box 120340 Clermont, Fla. 34712

Rusul S. Early Cave K Anley 6/2/97
Signature/Incorporator Date

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

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/Registered Agent U/2/97
Date