

997000055657

Requestor's Name

Automated Medical Lab Solutions Inc.

2547 Otis Drive

Deltona, FL

Office Use Only

NUMBER(S), (if known):

32738

- 1 _____ (Corporation Name) _____ (Document #)
- 2 _____ (Corporation Name) _____ (Document #)
- 3 _____ (Corporation Name) _____ (Document #)
- 4 _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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****122.50 ****122.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W97-13613

AL JUN 24 1997

97 JUN 24 AM 9:01

FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 10, 1997

AUTOMATED MEDICAL LABORATORY SOLUTIONS, INC.
2547 OTIS DRIVE
DELTONA, FL 32738

SUBJECT: AUTOMATED MEDICAL LABORATORY SOLUTIONS, INC.
Ref. Number: W97000013613

We have received your document for AUTOMATED MEDICAL LABORATORY SOLUTIONS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 897A00031268

FILED

97 JUN 24 AM 9:0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

AUTOMATED MEDICAL LABORATORY SOLUTIONS, INC.

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida, do hereby adopt the following Articles of Incorporation:

ARTICLE ONE (1)

NAME AND ADDRESS

The name of the corporation is **AUTOMATED MEDICAL LABORATORY SOLUTIONS, INC.**

The address of the corporation is 2547 Otis Drive, Deltona, Florida.

ARTICLE TWO (2)

CORPORATE DURATION

The duration of the corporation is perpetual.

ARTICLE THREE (3)

PURPOSE OR PURPOSES

The general purposes for which the corporation is organized are:

1. To engage in the business of Medical Laboratory Software Manufacturer.
2. To engage in any other trade or business which can, in the opinion of the **Board of Directors** of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.

3. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

4. To do such other business as allowed and permitted under the laws of the State of Florida.

ARTICLE FOUR (4)

CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 1002. Such shares shall be of a single class, (Common Stock) and shall have a par value of One Dollar (\$1.00) per share. Each of the three (3) Incorporators will own 334 shares.

ARTICLE FIVE (5)

REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of the corporation is 2547 Otis Drive, Deltona, Florida 32738, and the name of the registered agent at such address, is **DANIEL STEWART**.

ARTICLE SIX (6)

DIRECTORS

The number of directors constituting the initial **Board of Directors** of the corporation is three (3). The name and address of each person who is to serve as a member of the initial **Board of Directors** is:

NAME

ADDRESS

DANIEL STEWART

2547 Otis Drive, Deltona, Florida 32738

JAMES EDWARD LOEFFEL, JR

633 Dunn Drive, Altamonte Springs, Florida 32714

JAMES ALLEN WILSON

1634 Keeling Drive, Deltona, Florida 32738

ARTICLE SEVEN (7)

OFFICERS

The number of officers and their names and titles are as follows:

NAME	TITLES
DANIEL STEWART	PRESIDENT - REGISTERED AGENT
JAMES EDWARD LOEFFEL, JR.	1ST VICE PRESIDENT AND TREASURER
JAMES ALLEN WILSON	2ND VICE PRESIDENT AND SECRETARY

ARTICLE EIGHT (8)

INCORPORATORS

The names and addresses of the incorporators are:

NAME	ADDRESS
DANIEL STEWART	2547 Otis Drive, Deltona, Florida 32738
JAMES EDWARD LOEFFEL, JR	633 Dunn Drive, Altamonte Springs, Florida 32714
JAMES ALLEN WILSON	1634 Keeling Drive, Deltona, Florida 32738

EXECUTED BY the undersigned at Winter Park, Florida on the 4th day of June 1997.

Daniel Stewart
DANIEL STEWART

James E. Loeffel
JAMES EDWARD LOEFFEL, JR.

James Allen Wilson
JAMES ALLEN WILSON

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, this day personally appeared, DANIEL STEWART, JAMES EDWARD LOEFFEL, JR. and JAMES ALLEN WILSON, who, after being duly placed under oath, swore that the foregoing is true and correct and they subscribed their names hereto in certification thereof.

THEY PRODUCED AS IDENTIFICATION THE FOLLOWING:

- a. They are personally known to me.
- ☒ b. Driver's License or Identification Card issued within the past five (5) years, FL#S363-160-63-289-0, FL#L140-445-61-087-0 and FL#W425-441-57-046-0.
- c. Other: _____

WITNESS MY HAND and Official Seal in Orange County, Florida on this 4th day of June 1997.



WANDA J. KING
My Comm Exp. 10/03/2000
Bonded By Service Ins
No. CC590755
☒ Personally Known ☐ Other I.D.

Wanda J. King
NOTARY PUBLIC
My Commission Expires:

FILED

97 JUN 24 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE AND ACKNOWLEDGMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

AUTOMATED MEDICAL LABORATORY SOLUTIONS, INC.

Pursuant to Florida Statutes 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the
State of Florida with registered office as indicated in the Articles
of Incorporation of **AUTOMATED MEDICAL LABORATORY SOLUTIONS, INC.** at:

2547 OTIS DRIVE, DELTONA, FLORIDA 32738

has named **DANIEL STEWART**, located at the aforesaid address, as its
Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at
the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to
act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.



DANIEL STEWART, Registered Agent