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

500002268305--**1** -08/15/97--01058--005 \*\*\*\*131.25 \*\*\*\*131.25

EXOR MEDICAL LABORATORIES, 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

:ス

FROM Jeffrey B Levy, Esa.

Name (P:uned or typed)

640 Tennis Club Drive

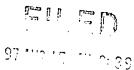
Ft. Landerdale, FL 33311

954 427 9655

Davtime Telephone number

AUG 18 - 858

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 o; In x sporation.

### ARTICLE I NAME

The name of the corporation shall be:

EXOR Medical Laboratories, Inc.

# ARTICLE II PRINCIPAL OFFICE

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

3704 N.W. 16th Street Fort Lauder dale, FL 33311

### <u>ARTICLE III SHARES</u>

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

1,000,000 shares

# INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jeffrey B. Levy 640 Tennis Club Dr. Ft. Landerdale, FL 33311 INCORPORATOR

### ARTICLE V

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

Gerald Hatfield 3704 NW 16th Street Ft. Lauderdale, FL 33311

(An additional article must be added if rr. 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 perfor a nce of my duties, and I am familiar with and accept the obligations of my position as registered/agent

Signature/Registered Agent