

## A.B.S. PARALEGAL AND TAX SERVICES, Inc.

7628-5 103rd Street Jacksonville, FL 32210 904-777-1533

09-09-97

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

RE: Articles of Incorporation

Dear Sir:

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Please find enclosed the original and 1 copy of the Articles of Incorporation for Bio Medical—Service of Florida, Inc. If you have any questions, please contact me at 904-777-1533.

Regards

Jeffrey L. Hill ABS Paralegal 7628-5 103rd St.

Jacksonville, FL 32210

THE SECRETARY OF STATE OF STAT

2544. W97-21382

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Jacksonville, FL 32210

SECRETARY OF STATE DIVISION OF COUPORATIONS



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 17, 1997

A.B.S. PARALEGAL & TAX SERVICES ATTN: JEFFREY L. HILL 7628-5 103RD STREET JACKSONVILLE, FL 32210

SUBJECT: BIO-MEDICAL SERVICE OF FLORIDA, INC.

Ref. Number: W97000021382

We have received your document for BIO-MEDICAL SERVICE OF FLORIDA, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6973.

Claretha Golden Document Specialist

Letter Number: 097A00046110

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# ARTICLES OF INCORPORATION OF Bio-Medical Service Of North Florida, Inc.



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

#### ARTICLE I. NAME

The name of the Corporation shall be: Bio-Medical Service Of North Florida, Inc.

#### ARTICLE II. PRINCIPAL OFFICE

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

3305 Cancun Dr. E. Jacksonville, FL 32225

#### ARTICLE III. SHARES

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

750 shares having a par value of one dollar (\$1.00) per share.

### ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael A. Hitchcock. 3305 Cancun Dr. E. Jacksonville, FL 32225

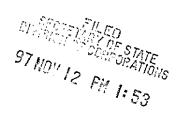
#### Mailing Address:

PO Box 350969 Jacksonville, FL 32225

#### ARTICLE V. INCORPORATOR(S)

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

Michael A. Hitchcock 8034 Weather Vane Drive Jacksonville, FL 32244 Wesley E. Pilkin 3305 Cancun Dr. E. Jacksonville, FL 32225



Andrew V. Heine 5035 N. Main Street #120 Jacksonville, FL 32206

#### ARTICLE VI. LIABILITY OF STOCKHOLDERS

The private property of the stockholders shall not be subject to the payment of corporate debts.

#### ARTICLE VII. AMENDMENTS

This corporation reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Incorporation or any amendment hereto and any right conferred upon a shareholder is subject to this reservation.

IN WITNESS WHEREOF, the undersign Incorporation, this <u>29</u> day of <u>0</u>	gned incorporator(s) has executed these Articles of October, 1997
Michael A. Hitchcock, Incorporator	Wesley E. Pilkin, Incorporator
Andrew V. Heine, Incorporator	<u>-</u>

Having been named as registered agent and to accept service of process for the above stated corporation at the place of 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

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Signature/ Registered Agent Date