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FILED

JOANNE AND ANSEL LEWIS  
16610 SW 52<sup>nd</sup> Place  
Ft. Lauderdale, Florida 33331  
Telephone (954) 252-9892

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 19, 1997

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: NEW HORIZON BIOMEDICAL SERVICES, INC.

Greetings:

Enclosed are one original and two (2) copies of the articles of incorporation for the above corporation and a check in the amount of \$70.00 as payment for filing fees of the articles of incorporation and the registered agent designation.

I would be most appreciative if you would please expedite filing this corporation.

Thank you for your time and consideration.

Sincerely,

*Joanne Lewis*

Joanne Lewis

P. Hall

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
FOR  
NEW HORIZON BIOMEDICAL SERVICES, INC.**

The undersigned incorporator, 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: NEW HORIZON BIOMEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 16610 SW 52<sup>nd</sup> Place, Ft. Lauderdale, Florida 33331.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Seven thousand five hundred shares (7,500).

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JOANNE LEWIS, 16610 SW 52<sup>nd</sup> Place, Ft. Lauderdale, Florida 33331.

ARTICLE V INCORPORATOR

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

JOANNE LEWIS, 16610 SW 52<sup>nd</sup> Place, Ft. Lauderdale, Florida 33331.

The undersigned has executed these Articles of Incorporation this 19th day of December, 1997.

Joanne Lewis  
Joanne Lewis, President

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: NEW HORIZON BIOMEDICAL SERVICES, INC.
2. The name and address of the registered agent and office is:

JOANNE LEWIS, 16610 SW 52<sup>nd</sup> Place, Ft. Lauderdale, Florida 33331.

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.

Joanne Lewis 12/19/97  
Joanne Lewis Date