LAZIRUS LAR R 89 S.W. 8 MIAMI, FLOR City/State	AVENUE SULVE: 46 Aldres  AVENUE SULVE: 46  Aldres  Aldres  Zip Phone #	766/
LOCAL REPR	ESENTATIVE TALLAHASSEE	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMBER	(S), (if known):
2. <u>SERV</u> (Cor	Poration Name) (Document of the State of the	(#) <b>60000238913</b> 63 -01/05/9801023025 ****122.50 ****122.50
	poration Name) (Document	(#)
4(Co	poration Name) (Document	<del>(#)</del>
party.		Certified Copy Certificate of Status
Profit Nor.Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger	FILED 98 98 JAN-5 PH 2: 29 VISH SECRETARY OF STATE TALLAHASSEE, FLORIDA
Annual Report  Fictitious Name  Name Reservation	Foreign Limited Partnership Reinstalement Trademark Other	SECRETARY OF STATE LLAHASSEE, FLORIDA  Examiner's Initials
CR2E0J1(1/95)		Examiner's Initials

# ARTICLES OF INCORPORATION

**OF** 

# MEDICAL MONITORING LABORATORIES SERVICES INC.

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

#### ARTICLE I NAME

The name of corporation shall be:

MEDICAL MONITORING LABORATORIES SERVICES A

#### ARTICLE II PRINCIPAL OFFICE

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

4699 N. FEDERAL HWY SUITE 202D POMPANO BEACH, FL. 33064

#### ARTICLE III SHARES

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

600 Shares of Common Stock at \$1.00 Par Value

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

The name and address of the initial registered agent is:

MANUEL S. ARIAS 4699 N. FEDERAL HWY SUITE 202D POMPANO BEACH, FL. 33064

## ARTICLE V INCORPORATOR(S)

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

MANUEL S. ARIAS 4699 N. FEDERAL HWY. SUITE 202D POMPANO BEACH, FL. 33064

#### ARTICLES VI DIRECTOR(S)

The name(s) and street address(es) of the Directors are:

President/Director

MANUEL S. ARIAS 4699 N. FEDERAL HWY. SUITE 202D POMPANO BEACH, FL. 33064

Signature

his 2 <sup>nd</sup> day of	<u>January 1998.</u>
	Millian.
	Signature
	Signature

### <u>CERTIFICATE OF DESIGNATION</u> 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: <u>MEDICAL MONITORING LABORATORIES SERVICES INC.</u>
- 2, The name and address of the registered agent and office is:

MANUEL S ARIAS

4699 N. FEDERAL HWY. SUITE 202D P.O. BOX NOT ACCEPTABLE

POMPANO BEACH, FL. 33064

98 JAN -5 PM 2:29
SECRETARY OF STATE
TALLAHASSEF, FINDIFA

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 POSITIO AS REGISTERED AGENT.

Signature

Date: January 2nd 1998