P980000 55 TY TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 COMPREHENSIVE GENETIC COUNSELING, INC. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **\$131.25** \$70.00 \$78.75 \$122.50 Filing Fee, Filing Fee .. Filing Fee Filing Fee Certified Copy & Certificate & Certified Copy & Certificate ADDITIONAL COPY REQUIRED JENNIFER C. SCHMIDT FROM: Name (Printed or typed) 2235 AVENUE Address CREEK COLONUT City, State & Zip

F. CHESSER JAN 1 6 1998

(954) 255-9771

NOTE: Please provide the original and one copy of the articles.

963-8346 (Beiper)

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Business Corporation Act, hereby adopts the following Articles of Incorporation.	ne Florida Ā≲ S
ARTICLE I NAME The name of the corporation shall be: Comprehensive Genetic Counseling, INC.	FILED 8 JAN 16 AM CRETARY OF LLANIASSEE, F
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall 2235 NW 45th AVENUE COCONUT CREEK, FL 33066	11 be: 12 5
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have on 100	utstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET The name and Florida street address of the initial registered agent are: JENNIFER C. SCHMIDT, MS, LGC 2235 NW. 45th AVENUE COLONUT CREEK, FL 33066	ET ADDRESS
ARTICLE V INCORPORATOR The <u>name and address</u> of the incorporator to these Articles of Incorporator JENNIFER C. SCHMIDT, MS, CGC 2235 NW 45th AVENUE COLONUT CREEK, FL 33066	ion are:
Asignature/Incorporator	1/12/98 Date

(An additional article must be added if an 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

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Date