

P98000048539

TRANSMITTAL LETTER

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

700002538817--7
-05/28/98--01035--005
****122.50 ****122.50

SUBJECT: CYTOPATHOLOGY SERVICES, P.A.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50 .

FROM:

SARAH E. GILLIM, MD

Name (printed or typed)

17651 CYPRESS CREEK ROAD

Address

ALVA, FL 33920-3307

City, State, & Zip

(941) 728-3703

Telephone Number

FILED
98 MAY 28 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Note: Please provide the original and one copy of the Articles.

[Handwritten signature]
6/1/98

ARTICLES OF INCORPORATION

OF

CYTOPATHOLOGY SERVICES, P.A.

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 the corporation shall be:

CYTOPATHOLOGY SERVICES, P.A.

ARTICLE II PRINCIPAL OFFICE

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

17651 CYPRESS CREEK ROAD
ALVA, FL 33920-3307

ARTICLE III SHARES

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

1,000 SHARES OF NO PAR COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SARAH E. GILLIM, MD
17651 CYPRESS CREEK ROAD
ALVA, FL 33920-3307

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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

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

SARAH E. GILLIM, M.D.
17651 CYPRESS CREEK ROAD
ALVA, FL 33920-3307

ARTICLE VI PURPOSE

THE PURPOSE OF THIS CORPORATION IS TO ENGAGE IN MEDICAL SERVICE,
SPECIFICALLY PATHOLOGY.

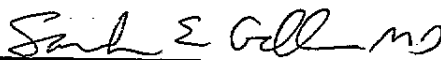
The undersigned incorporator(s) has(~~have~~) executed these Articles of Incorporation this

18 day of MAY, 19 98.



Signature

SARAH E. GILLIM, MD



Signature



Signature

Articles of Incorporation

Filing Fee - \$35

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: CYT/OPATHOLOGY SERVICES, P.A.

2. The name and address of the registered agent and office is:

SARAH E. GILLIM, MD

(NAME)

17651 CYPRESS CREEK ROAD

(P.O. BOX NOT ACCEPTABLE)

ALVA, FL 33920-3307

(CITY/STATE/ZIP)

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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

Sarah E Gill

DATE

MAY 18, 1998