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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: LLOYD GRANET

ACCT#: 074632001025

CONTACT: LLOYD GRANET

PHONE: (561)368-3575

FAX #: (561)447-0701

NAME: MEDX DEVELOPMENT PARTNERS, INC.

AUDIT NUMBER H98000011785

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

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Lloyd Granet, Esq., P.O. Box 6189, Boca Raton, FL 33427

Ph. 561-447-0700 - Fax 561-447-0701, Florida Bar No. 525431

AUDIT NUMBER -H98000011785

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FAX AUDIT NO. H98000011785



ARTICLES OF INCORPORATION OF meDX Development Partners, Inc.

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

ARTICLE I, NAME

The name of the corporation is meDX Development Partners, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business address and mailing address of this corporation shall be 1801 Clint Moore Road, Suite 204, Boca Raton, FL 33487.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is 1,000 shares of common stock having a par value of \$1.00.

ARTICLE IV. REGISTERED AGENT AND INITIAL REGISTERED OFFICE.

The name of the initial registered agent whose business office is identical to the registered office is: Stuart Kalmanowitz, 1801 Clint Moore Road, Suite 204, Boca Raton, FL 33487.

The address of the registered office of the corporation is 1801 Clint Moore Road, Suite 204, Boca Raton, FL 33487.

The Board of Directors may from time to time move the registered office to any other address in the State of Florida.

ARTICLE V. BOARD OF DIRECTORS.

The Corporation shall have 1 director initially. The number of directors may be increased or diminished from time to time, as provided in the bylaws adopted by the shareholders, but shall never be less than one.

ARTICLE VI. INITIAL DIRECTORS.

The name of the initial director of this Corporation and his street address are: Stuart Kalmanowitz, 1801 Clint Moore Road, Suite 204, Boca Raton, FL 33487.

The person named as initial director shall hold office for the first year of existence of this Corporation or until he resigns or his successor is elected or appointed and qualified, whichever occurs first.

ARTICLE VII. INCORPORATOR.

The name and street address of the person signing these Articles of Incorporation is: Stuart Kalmanowitz, 1801 Clint Moore Road, Suite 204, Boca Raton, FL 33487.

Lloyd Granet, Esq., P.O. Box 6189, Boca Raton, FL 33427
Ph. 561-447-0700 - Fax 561-447-0701, Florida Bar No. 525431
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ARTICLE VIII. AMENDMENT.

These Articles of Incorporation may be amended in the manner provided by law.

In witness whereof, the undersigned as Incorporator, has executed these Articles of Incorporation on the date set out below.

JUNE 24, 1998 Date

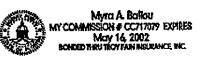
STATE OF FLORIDA COUNTY OF PALM BEACH

Before me, a Notary Public, personally appeared Stuart Kalmanowitz, to me known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to these Articles of Incorporation on the date set out above.

X Personally known or ____identified with

Notary Public State of Florida at Large Commission expiration:

(Notary Seal)



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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: meDX Development Partners, Inc.
- 2. The name and address of the registered agent and office is: Stuart Kalmanowitz, 1801 Clint Moore Road, Suite 204, Boca Raton, FL 33487

SIGNATURE: Stuart Kalmanowitz

TITLE: Incorporator

DATE: JUNE 24, 1998

HAVING BEEN NAMED AS REGISTERED AGENT 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:

Stuart Kalmanowitz

DATE:

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SECRETARY OF STATE