

P98000087643

TRANSMITTAL LETTER

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

SUBJECT: DIAGNOSTICS WORKS INC.  
(Proposed corporate name - must include suffix)

900002661509--7  
-10/12/98--01072--004  
\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00

☒ \$78.75

☐ \$122.50

☐ \$131.25

FROM:

DIAGNOSTICS WORKS INC.

Name (printed or typed)

4821 COCONUT CREEK PARKWAY, Suite 119

Address

COCONUT CREEK FL 33063

City, State & Zip

954-971-9377

Daytime Telephone number

98 OCT 12 AM 7:52

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

B. BROCK OCT 14 1998

# ARTICLES OF INCORPORATION

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:

DIAGNOSTICS WORKS INC.

## ARTICLE II PRINCIPAL OFFICE

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

4821 COCONUT CREEK PARKWAY  
Suite 119  
COCONUT CREEK FL. 33063

## ARTICLE III SHARES

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

300 SHARES

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANTHONY C. CORONATO, JR.  
612 NW 43RD Ave.  
COCONUT CREEK FL 33066

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ARTICLE V INCORPORATOR(S)

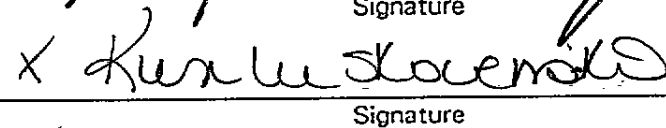
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

1. ANTHONY C. CORONATO, JR.  
612 NW 43RD AVE.  
COCONUTCREEK FL 33066
2. KERI LEE SKOVENSKI  
1205 SUSSEX DRIVE  
NORTH LAUDERDALE FL 33068

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

30 day of SEPTEMBER, 1998.

x   
\_\_\_\_\_  
Signature

x   
\_\_\_\_\_  
Signature

x  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: DIAGNOSTICS WORKS INC.

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

ANTHONY CORONATO JR  
(Name)

612 NW 43RD AVE

(P.O. Box not acceptable)

COCONUT CREEK FL 33066

(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)