P98000089389

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



SUBJECT: $\leq $	N Florida Dia	agnostic Ser	vices, Inc
	(Proposed corpo	rate name - must include suffi	х)
	•		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COI	PY REQUIRED
FROM: PAUL E. ROSETE Name (Printed or typed)			
17140 PLEASURE RD			
CAPE CORAL FL 33909 City, State & Zip			

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

S.W. FLORIDA DIAGNOSTIC SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

17140 PLEASURE ILD CAPE CORAL FL 33909

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

PAUL E. KOSETE 17140 PLEASURE RD CAPE CORAL, FL 33909

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PAUL É. ROSETE 17140 PLEASURE RD CAPE CORAL FL 33909 VISION OF CORPORATIONS 8 OCT 19 PM 2: 03

Signature/Incorporator

10/14/98

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

14/98

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