ARUS CORPORATE FILING SERVICE, INC (Requestor's Name) 800002790288---03/01/99--01076--016 3320 S.W. 87th AVENUE (Address) \*\*\*\*\*78.75 \*\*\*\*\*78.75 MIAMI, FLORIDA (305)552-5973 (Phone #) (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) \* (Document #) (Corporation Name) 4. (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foceign Fictitious Name Limited Vartnership Name Reservation Reinstatement frademarl Other Examiner's Initials

CR2E031(9/92)



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 1, 1999

**LAZARUS** 

MIAMI, FL

SUBJECT: PALMETTO DIAGNOSTIC, INC.

Ref. Number: W99000004983

We have received your document for PALMETTO DIAGNOSTIC, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 799A00009266

# 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:

PALMETTO TESTCARE, INC.

## ARTICLE II PRINCIPAL OFFICE

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

1480 West 68 Street Suite 101 Hialeah, Florida 33014

# ARTICLE III SHARES

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

100 Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name address of the initial registered agent is:

Joaquin de Jesus Tasis 1480 West 68 Street Suite 101 Hialeah, Florida 33014

# ARTICLE V INCORPORATOR(S)

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

Jorge Padilla, MD Jose J. Tasis Joaquin de Jesus Tasis 1480 West 68 Street Suite 101 Hialeah, Florida 33014

# **ARTICLE VI DIRECTOR(S)**

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

Jorge Padilla, MD

Jose J. Tasis (S/T)

Joaquin de Jesus Tasis (VP)

1480 West 68 Street

Suite 101

Hialeah, Florida 33014

Miguel R. Fresco
Notary Public, State of Florida
Commission No. CC 478168
My Commission Expires 09/03/99

1-800-3-NOTARY - Fla. Notary Service & Bonding Co. (

Jorge Padilla, MD.

1480 West 68 Street/Suite 101

Hialeah, Florida 33014

Jose J. Tasis

1480 West 68 Street/Suite 101

Hialeah, Florida 33014

Joaquin de Jesus Tasis

1480 West 68 Street/Suite 101

Hialeah, Florida 33014

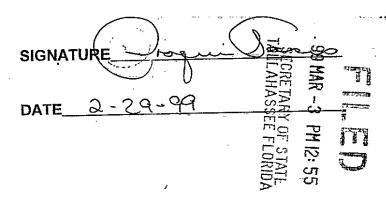
Articles of incorporation Filing Fee- \$35

# 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.

The name of the corporation is:	PALMETTO TESTCARE, INC.			
			<u> </u>	
The name and address of the reg	istered agen	nt and office is	) }:	
Joaquin DeJesus		*4		
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1480 West 68 st (P.O. BOX NO	Suite	101		مناه .
(P.O. BOX <u>NO</u>	T ACCEPTA	BLE)		
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(CITY/S	O (U STATE/ZIP)	, ==		) The Neglet section

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PLOCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS RECISTERED 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 LEGISTERED AGENT.



REGISTERED AGENT FILING FEE: \$35.00