

P99000021459

TRANSMITTAL LETTER

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

900002793969--4
-03/04/99--01024--005
*****70.00 *****70.00

SUBJECT: Hayes Clinical Laboratory, Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.00

FROM:

Mr. & Mrs. Shelby Hayes
Name (printed or typed)
10849 Gleneagles Road
Address
Boynton Beach, Fl. 33436
City, State, & Zip
(561) 737-0500
Telephone Number

FILED
99 MAR -4 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SD 3/9

ARTICLES OF INCORPORATION

OF

Hayes Clinical Laboratory, Inc

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:

Hayes Clinical Laboratory, Inc

ARTICLE II PRINCIPAL OFFICE

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

10849 Gleneagles Road
Boynton Beach, Fl 33436

ARTICLE III CAPITAL STOCK

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Henry Dean, CPA
Del Ida Professional District
251 NE Dixie Blvd
Delray Beach, Fl 33444

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

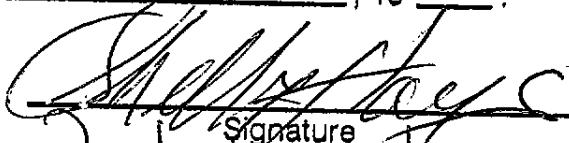
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Shelby Hayes
10849 Gleneagles Road
Boynton Beach, Fl. 33436

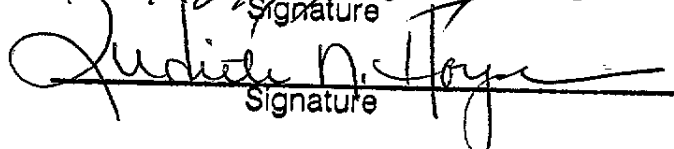
Judith Hayes
10849 Gleneagles Road
Boynton Beach, Fl. 33436

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

26th day of February, 19 99.



Signature



Signature

Signature

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: Hayes Clinical Laboratory, Inc

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

Henry Dean, CPA

(NAME)

Del Ida Professional District

251 NE Dixie Blvd

(P.O. BOX NOT ACCEPTABLE)

Delray Beach, Fl. 33444

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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

H. Dean CPA

DATE

2/26/99

REGISTERED AGENT FILING FEE: \$35.00