

P99000031153

TRANSMITTAL LETTER

FILED

99 APR -1 AM 8:50

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300002825999--3
-04/01/99--01039--003
*****78.75 *****78.75

SUBJECT: Physicians Diagnostic Services, Inc.
(Proposed corporate name - must include suffix)

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 COPY REQUIRED

FROM: Bridget Kling
Name (Printed or typed)

P.O. Box 1990
Address

Cape Canaveral, Florida 32920-1990
City, State & Zip

1-877-271-8581
Daytime Telephone number

PK
4/16/99 ✓

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Physicians Diagnostic Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 1990

Cape Canaveral, Florida 32920-1990

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Bridget Kling
12990 Walsingham Rd #6
Largo, FLA. 33774

ARTICLE V INCORPORATOR

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

Bridget Kling
P.O. Box 1990
Cape Canaveral, Florida 32920-1990

Bridget Kling
Signature/Incorporator

3-29-99

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.

Bridget Kling
Signature/Registered Agent

3-29-99

Date