Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 32	e ations	•	000000285 -04/26/9 ****122	
	(Proposed corpo	rate name - must include suf	fix)	
•				
Enclosed is an origi	nal and one(1) copy of the article	es of incorporation and a	check for : =/ 22	.50
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	•	ADDITIONAL CO		
FROM		V DOLB	ERG	
	5388 N.	W. 126 TH	ONTUE	
	CORAL 59. City, 5	MINUS FL. State & Zip	33026	
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NOTE: Please provide the original and one copy of the articles.

* PLEASE LIST STEVENDOLBERG ASSUSSES PRESIDENT/DIRECTON OF SUNRISE NEURO IAGNOSIUS & TAK.

ARTICLES OF INCORPORATION

SUNRISE NEURODIAGNOSTICS, 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:

· SUNRISE NEURODIAGNOSTICS TIME

ARTICLE II PRINCIPAL OFFICE

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

3801 N. UNIVERSITY DRIVE SUITE SOI SUNRISE, FL. 33351

ARTICLE III SHARES

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

5/x7y (60)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STEVEN DOLBERG 5388 N.W. /26TH DRIVE CORAL SPRINGS, FE

33026

ARTICLE V INCORPORATOR(S)

The name(s) Articles of	and street address(es) of the incorporator(s) to these Incorporation is(are):
	STEVEN DOLBERG
	5388 N.W. ILGTH DRIVE
	CORAL SPRINGS, FL.
	33076
•	
The undersign of Incorporation	tion this Articles day of APRIL . 19 9.
	In A Doll
	Signature
	Signature

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: SUNRISE NEURODIAGNOSTICS, IN.
- 2. The name and address of the registered agent and office is:

STEVEN DOLBERG
(Name)
S388 N.W. /2STH DAIVE
(Address/P.O. Box NOT acceptable)
CORAL SPRINGS, FL. 33076
(City/State/Zip) 550/6

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)

(T/2#/0)

99 APR 26 AM IO: 38
SECRETARY SEE FLORID.