

TRANSMITTAL LETTER

P99000083722

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

900002930949--7  
-09/20/93-01077-004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Suncoast Doctors, DX, 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 of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM:

Michelot Louis

Name (Printed or typed)

3615 Central Avenue #4

Address

Fort Myers, FL, 33901

City, State & Zip

941-751-0774

Daytime Telephone number

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

FILED  
1999 SEP 20 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/22

# ARTICLES OF INCORPORATION

FILED

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

1999 SEP 20 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

SUNCOAST DOCTORS, DX INC.

## ARTICLE II PRINCIPAL OFFICE

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

3615 CENTRAL AVENUE #4  
FORT MYERS, FL 33901

## ARTICLE III SHARES

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

300

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michelot Louis

3615 CENTRAL AVENUE #4, FORT MYERS, FL 33901

## ARTICLE V INCORPORATOR

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

Michelot Louis

3615 CENTRAL AVENUE #4, FORT MYERS, FL 33901

Michelot Louis  
Signature/Incorporator

07-20-99

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.

Michelot Louis  
Signature/Registered Agent

07-20-99

Date