P99000083729

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

SUBJECT:	J010100F131				7 V C
	(Fioposed corpor	rate name - must include suf	шх)		
		-			
Enclosed is an origi	inal and one(1) copy of the article	es of incorporation and a	check for:	7	
☐ \$70.00 Filing Fee	\$\square\$ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	•	
		ADDITIONAL CO		į	
FROM	M: Dean The	ACCOC rinted oztyped)		_	-
	1404 A Wr	rittled Au	<u>e.</u>	SEC TALL	1000
	SARASOTA	Address L State & Zip	243	RY OF	[1]
	941-15	1 0775		AN III:	

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

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 11: 02

ARTICLE I NAME	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of the corporation shall be:	
SUNCOAST MEDICAL.	DX, INC
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporate	ion shall be:
1404 A Whittield Avanue	
SARASOTA FL 34243	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to	nave outstanding at any one time is:
1000	
ARTICLE IV INITIAL REGISTERED AGENT AND	STREET ADDRESS
The name and Florida street address of the initial registered agent a	re:
JEAN Theagene Aver	CARSOLA EJ 3424
1404A WHATELD AVE	SAKASOJA I L J. ZE
ARTICLE V INCORPORATOR	t .
The <u>name and address</u> of the incorporator to these Articles of Inco	orporation are:
JEAN MEAGENE	C 215/13
1404A Whitfield Ave.	SARASOTA, FL 34243
() no Sharan	7/7/99
Signature/Incorporator	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

\$ignature/Registered Agen