

11- P99000091670

TRANSMITTAL LETTER

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

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-10/14/99--01044--009
*****78.75 *****78.75

SUBJECT:

PROFESSIONAL CARE NEURODIAGNOSTICS, INC.
(Proposed corporate name - must include suffix)

FILED
99 OCT 14 PM 4: 3
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

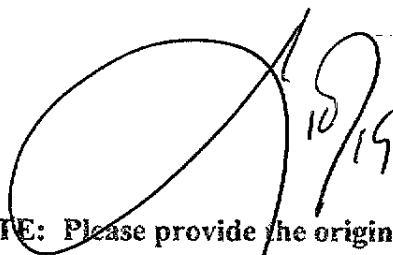
FROM:

PATRICIA PAULEY
Name (Printed or typed)

4211 EMPIRE PLACE
Address

TAMPA, FL. 33610
City, State & Zip

813-246-1894
Daytime Telephone number


10/14

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

ARTICLES OF INCORPORATION

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:

PROFESSIONAL CARE NEURODIAGNOSTICS, INC.

ARTICLE II PRINCIPAL OFFICE

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

4211 EMPIRE PLACE
TAMPA, FL. 33610

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

FRED SEIFTER
107 S. PARSONS AVE., BRANDON, FL. 33511

ARTICLE V INCORPORATOR

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

PATRICIA PAULEY
4211 EMPIRE PLACE
TAMPA, FL. 33610

[Signature]
Signature/Incorporator

9-3-99
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.

[Signature]
Signature/Registered Agent

9-3-99
Date

FILED
99 OCT 14 PM 13
SECRETARY OF STATE
TALLAHASSEE FLORIDA