

P99000102174

TRANSMITTAL LETTER

FILED
NOV 19 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2000003049752--1
-11/19/99--01066--009
*****78.75 *****78.75

SUBJECT:

Teammed Diagnostics, 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:

David P. Ryan, Esq
Name (Printed or typed)

2655 Le Jeune Road, #804
Address

Conrad Cables, FL 33134
City, State & Zip

305/442-9535
Daytime Telephone number

NOV 22 1999

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:

Travmed Diagnostics, Inc.

ARTICLE II PRINCIPAL OFFICE

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

17994 S.W. 97th Avenue
Miami, Florida 33157

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

David P. Ryan, Esq.
2655 LeJeune Road, Suite 804
Coral Gables, Florida 33134

ARTICLE V INCORPORATOR

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

Lawrence R. Medearis
17994 S.W. 97th Avenue
Miami, Florida 33157

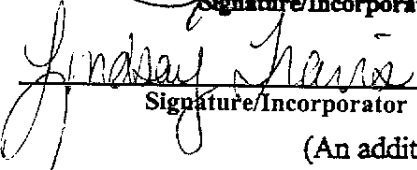
Lindsey Travis
17994 S.W. 97th Avenue
Miami, Florida 33157



Signature/Incorporator

11/17/99

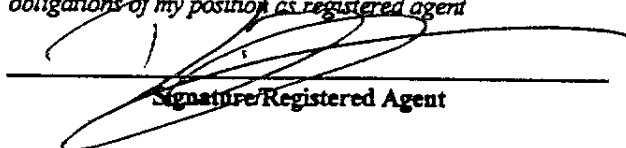
Date



Signature/Incorporator

(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/Registered Agent

11/17/99

Date

FILED
59 NOV 19 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA