

### Florida Department of State

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## FLORIDA PROFIT/NON PROFIT CORPORATION

GABLES DIAGNOSTIC CENTER, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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12/10/2008

# Articles of Incorporation of GABLES DIAGNOSTIC CENTER, INC.

08 DEC 10 PM 2: 25
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

#### Article I. Name

The name of this Florida corporation is:

GABLES DIAGNOSTIC CENTER, INC.

Articie II. Address

The mailing address of the Corporation is:

GABLES DIAGNOSTIC CENTER, INC. 5450 S.W. 8 ST., STE. 201 CORAL GABLES, FL 33134

Article III. Address

The principle address of the Corporation is:

GABLES DIAGNOSTIC CENTER, INC. 5450 S.W. 8 ST., STE. 201 CORAL GABLES, FL 33134

Article IV. Capital Stock

The Corporation shall have the aulthority to issue 100 shares of common stock, par value \$1.00 per share.

Article V. Registered Agent

The name and address of the registered agent of the Corporation is:

ISABEL NOY 5450 S.W. 8 ST., STE. 201 CORAL GABLES, FL 33134

#### Article VI, Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors are:

President - Isabel Noy - 5450 S.W. 8 St., Ste. 201, Corel Gables, FL 33134

Prepared by:

Lester Barreras, C.P.A., P.A. - 1987 N.W. 88 Ct., Ste. 201, Doral, FL 33172 (305)477-1988

#### Article VII.

The corporation shall have perpetual existence and may engage in any and all business permitted under the laws of the State of Florida and the United States.

#### Article VIII. Incorporator

The name and address of the incorporator is:

ISABEL NOY 5450 S.W. 8 ST., STE. 201 CORAL GABLES, FL 33134

#### Article IX. Corporate Existence

The corporate existence of the Corporation shall be effective upon filing.

The authorized representative of the incorporator executed the Articles of Incorporation on the \_\_\_\_\_\_\_ of 20\_\_\_\_\_\_\_ of 20\_\_\_\_\_\_\_ of 20\_\_\_\_\_\_\_ of 20\_\_\_\_\_\_\_.

SABEL NOY

President

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

OB DEC 10 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION: GABLES DIAGNOSTIC CENTER, INC.

REGISTERED AGENT: ISABEL NOY 5450 S.W. 8 ST., STE. 201 CORAL GABLES, FL 33134

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

ISAREI NOY

Registered Agent