# 196000011183 TRANSMITTAL LETTER

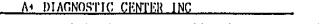
•	THANSIVITIAL LETTER	
Department of State Division of Corporat P.O. Box 6327 Tallahassee, FL 323	lons	15 25 Pr. 4. 1.
SUBJECT:	A+ DIAGNOSTIC CENTER INC	, , , , , , , , , , , , , , , , , , ,
	(proposed corporate name)	
Enclosed is an origing for \$ 122.50	nal and one (1) copy of the articles of incorpo	ration and our check  500001193595 -08/27/9601147006 ****122.50
FROM:	A+ DIAGNOSTIC CENTER INC	
	Name (printed or typed)	<del></del>
	1200 Central Avenue Suite 201	
	Address	
•	- Kissimmee FL 34741	
	City, State, & Zip	

Telephone Number

Note: Please provide the original and one copy of the Articles.

#### ARTICLES OF INCORPORATION

<u>QE</u>



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

#### ARTICLE | NAME

The name of the corporation shall be:

A+ DIAGNOSTIC CENTER INC A Corporation licensed to engage in all activites that are legal in the state of Florida. The Corporation shall exist in perpetuity.

### ARTICLE II PRINCIPAL OFFICE

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

1200 Central Avenue, Kissimmee FL 34741

#### ARTICLE III SHARES

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

100 one-hundred

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miriam Portas 1200 Central Ave #201 Kissimmee FL 34741

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Mirium Portus 1200 Central Ave #201 Kissimmee FL 34741

e undersigned i	incorporator(s) h	nas(have) execut	ted these Arti	cles of Incorp	oration th
22nd	— day of —	August	, <u>1</u> 9 _9	6	
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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is: A+ DIAGNOSTIC CENTER INC	· <u></u>
The name and address of the registered agent and office is:	NY 55
Miriam Portas	AUG 26
(NAME)	
1200 Central Avenue Suite 201	#. #.
(P.O. BOX NOT ACCEPTABLE)	
Kissimmec FL 34741	
(CITY/STATE/ZIP)	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN 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 MINIAM STAN
DATE August 22 1996