

P9600007/782

TRANSMITTAL LETTER

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

FILED
DIVISION OF CORPORATIONS
AUG 29 PM 4:13

SUBJECT: A+ DIAGNOSTIC CENTER INC
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122.50 .

500001933595
-08/27/96--01147--006
****122.50 ****122.50

FROM: A+ DIAGNOSTIC CENTER INC
Name (printed or typed)
1200 Central Avenue Suite 201
Address
Kissimmee FL 34741
City, State, & Zip
(407) 348-2269
Telephone Number

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

D. BROWN AUG 28 1996

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 25 PM 4:14

ARTICLES OF INCORPORATION

OF

A+ DIAGNOSTIC CENTER INC

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 I NAME

The name of the corporation shall be:

A+ DIAGNOSTIC CENTER INC

A Corporation licensed to engage in all activities 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):

Miriam Portus
1200 Central Ave #201
Kissimmee FL 34741

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of August, 19 96.


Signature

Signature

Signature

**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.

1. The name of the corporation is: A+ DIAGNOSTIC CENTER INC

2. The name and address of the registered agent and office is:

Miriam Portas

(NAME)

1200 Central Avenue Suite 201

(P.O. BOX NOT ACCEPTABLE)

Kissimmee FL 34741

(CITY/STATE/ZIP)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 26 PM 4:14

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

Miriam Portas

DATE

August 22 1996