

P9900003969

April 25, 1999

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

500002854205--3  
-04/27/99--01097--018  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

**SUBJECT:**

WEST COAST CARIAC IMAGING OF FLORIDA INC.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for \$78.50 representing the Filing Fee and a Certified Copy.

**From:**

James E. Marci  
8090 Greenbrier Ct.  
Spring Hill, Fl 34606

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 27 AM 11:29

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WS

**ARTICLES OF INCORPORATION  
OF  
WEST COAST CARDIAC IMAGING OF FLORIDA  
INC.**

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*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:  
WEST COAST CARDIAC IMAGING OF FLORIDA INC.

**ARTICLE II PRINCIPAL OFFICE**

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

11186 SPRING HILL DR., MSC 160  
SPRING HILL, FL 34609

**ARTICLE III SHARES**

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

1000 SHARES OF COMMON STOCK, EACH SHARE HAVING A  
PAR VALUE OF ONE DOLLAR (\$1.00)

**ARTICLE IV INITIAL REGISTERED AGENT**

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

JAMES E. MARCI  
8090 GREENBRIER COURT  
SPRING HILL, FL 34606

## ARTICLE V INCORPORATOR

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

JAMES E. MARCI  
8090 GREENBRIER COURT  
SPRING HILL, FL 34606

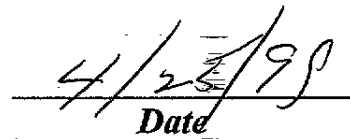
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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
99 APR 27 AM 11:29

  
Signature/ Incorporator

  
Date

*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

  
Date