

FOI 00000176

CORPORATION(S) NAME

~~DXR Imaging, Inc.~~

~~Phoenix Radiology, Inc.~~

~~Worldmed International, Inc.~~

~~K & W X-Ray Company, Inc.~~

200003531902

~~Davenport X-Ray Company, Inc.~~

200003531902--7

~~Gilbert X-Ray Company of Texas~~

-01/11/01--01003--004

*****78.75 *****78.75

~~Linear Medical Systems, Inc.~~

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	<input checked="" type="checkbox"/> UCCS
<input type="checkbox"/> Photocopies	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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TALLAHASSEE, FLORIDA

Name	1/10/01	Order#: 3505496
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Verifier _____		
W.P. Verifier _____		Amount: \$ _____

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MS
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1/10

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: DAVID A. SMITH

Address: 4345 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216

Vice Chairman: KEVIN P. ENGLISH

Address: 4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: DAVID A. SMITH

Address: 4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

Vice President: KEVIN P. ENGLISH

Address: 4345 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216

Secretary VP DAVID D. KLARNER

Address: 4345 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216

Treasurer: DAVID A. SMITH

Address: 4345 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. DK, VP/SECRETARY
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID D. KLARNER
(Typed or printed name and capacity of person signing application)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DAVENPORT X-RAY COMPANY, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. TEXAS (State or country under the law of which it is incorporated) 3. 75-1551389 (FEI number, if applicable)

4. 3/4/77 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2001 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4345 Southpoint Blvd
JACKSONVILLE, FL 32214
(Current mailing address)

8. SALE & DISTRIBUTION OF MEDICAL SUPPLIES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System
Connie Bryan
(Registered agent's signature) **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA



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TALLAHASSEE, FLORIDA

The State of Texas

SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

DAVENPORT X-RAY COMPANY, INC.
File No. 399965-00

were filed in this office and a certificate of incorporation was issued to this corporation,
and no certificate of dissolution is in effect and the corporation is currently in existence.



*IN TESTIMONY WHEREOF, I have hereunto
signed my name officially and caused to be
impressed hereon the Seal of State at my office in
Austin, Texas on January 9, 2001.*

Henry Cuellar
Secretary of State DEE