

CORPORATION(S) NAME

		-	
DXR Imaging, Inc.		-	
Phoenix Radiology, Inc.	· · · · · · · · · · · · · · · · · · ·		
Worldmed International, Inc.			
L & W X-Ray Company, Inc.			
Davenport X-Ray Company, Inc.		Soc)003531905
Gilbert X-Ray Company of Texas	2 - 42 - 12 - 2	** ** .\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-01/11/0101003 *****78.75 *****
Linear Medical Systems, Inc.			
Profit () Nonprofit	() Amendment	() Merger	
Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	-
() Limited Partnership	() Annual Report	() Other	0.1 SI SI TA
() LLC	() Name Registration () Fictitious Name	() Change () UCC	
() Certified Copy	() Photocopies	C US	SSS
() Call When Ready	() Call If Problem	() After 4:	<u> </u>
(x) Walk In	() Will Wait	(x) Pick U _l	D. TALE
() Mail Out		}	<u> </u>
Name	1/10/01	Order#:	3505496
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 1/10



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 11, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: WORLDMED, INC. Ref. Number: W01000000856

We have received your document for WORLDMED, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$78.75 payment.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 701A00001630

I eure mur

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned, David D. Klarner, do hereby certify that this Resolution of the Board of Directors of **WorldMed, Inc.**, corporation duly organized and existing under the laws of the State of Delaware, was duly adopted on January 23, 2001.

Resolved, that **WorldMed**, **Inc.**, organized and existing in the State of Delaware hereby adopts the name **WorldMed**, **Inc.**, **of Delaware** for use in Florida.

Dated: Javan 25,2001

DAVID D. KLARNER

Vice Present of Searting

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

•		0,
		STATUTES, THE FOLLOWING IS SUBMITTED TO 💢 📉
REGISTER A FO	PREIGN CORPORATION TO TRANSACT	BUSINESS IN THE STATE OF FLORIDA 🧠 😕 😕
1.10	RLD MED INC.	
		7000
	oration; must include the word "INCORPORAT	
	viations of like import in language as will clear or partnership if not so contained in the name at	
natural person (y partitership it not so contained in the name at	t present.)
$\overline{}$	_	En o
2. <u>De</u>	Laware	3. <u>59-3483451</u>
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
1 3/	19/91	Decret
The Charles	te of incorporation)	ration: Vear corp. will coope to evictor "normatual"
(154)	. / /	manon. Teal corp. will cease to exist of perpetual)
6	////200	
(Date firs	t transacted business in Florida.) (SEÉ SECTIO	perperual paration: Year corp. will cease to exist or "perpetual") ONS 607.1501, 607.1502 and 817.155, F.S.)
7 434	15 South Davit Blad	
/·	- Courreport Der a	
JAC.	KSONVIlle, F/32716	
	(Current mailing addr	ress)
& SAL	e & DISTRIBUTION OF	MED in al Simpline
(Purpose	$e \circ Distribution o C$ (s) of corporation authorized in home state or C	country to be carried out in state of Florida)
V	(c) or our persons and or	outing to be during out in state of I foliate)
9. Name and str	reet address of Florida registered agent:	: (P.O. Box or Mail Drop Box NOT acceptable)
		- · · · · · · · · · · · · · · · · · · ·
Name:	C T Corporation System	
0.55	1000 Carel Pias Liter 4 Page 1	
Office Address:	1200 South Pine Island Road	
	Diantation	T 20204
	Plantation	, Florida, <u>33324</u> (Zip code)
		(Zip code)
10 Registered	agent's acceptance:	
10. XIOGISICIO	agone s acceptance.	
Having been nam	ed as registered agent and to accent service o	f 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 provision	is of all statutes relative to the proper and com	nplete performance of my duties, and I am familiar with and accept
the obligations of	my position as registered agent. C T Corporation System	•
	C i Corporation System	
	- Lonne Digan	CONVE BRYAN
	(Kegistered agent's	signature) CONIVIE BRYAN SPECIAL ASSISTANT SECRETARY Prove then 90 days prior to delivery of this application to the
11. Attached is a	certificate of existence duly authenticated, not	more than 90 days prior to delivery of this application to the
Department of Sta	ite, by the Secretary of State or other official ha	aving custody of corporate records in the jurisdiction under the law of
which it is incorpo	orated.	•

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: DAKID A. Smith	0
Address: 4345 SOUTHPOINT BLYD	TASEC T
JACKSONVIlle, FI 32216	200
Vice Chairman: Kevin P. ENGLISH	SEEGU
Address: 4345 SOUTHPOINT BLVD.	FLOTA 9.
JACKSONVIlle, Fl 32216	DE SO
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Dario A. Smir4	
Address: 4345 Sourhpoint BLVD.	
JACKSONVIlle, F1 32216	
Vice President: Kerin P. ENGLISH	
Address: 4345 SOUTHPOINT BLYD	
JACKSONVIlle, El 37716	
Secretary/PD DAVID D. KLARNEY	-1-
Address: 4345 Southpoint BLYD	
JACKSONVIlle, Fl 32216	
Treasurer: DAVID A. Smith	
Address: 4345 SouTHPOINT BLVD.	
JACKSONVILLE, F1 32716	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors
13. VA/SCRETZEY	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of t	he application)
14. DAVID D KLARNEL	
(Typed or printed name and capacity of person signing application)	cation)

State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WORLDMED, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2001.

AND I_DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES.

HAVE BEEN PAID TO DATE.

Idamiet Smith Windson

Secretary of State

AUTHENTICATION: 0903979

DATE: 01-09-01

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