

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 222-8878 • 1-800-342-8062 • Fax (850) 222-1222

**P000000013816**

Golden Glades Diagnostic  
Center, Inc.

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-02/09/00--01002--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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<input type="checkbox"/>	LTD Partnership File
<input type="checkbox"/>	Foreign Corp. File
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<input type="checkbox"/>	Fictitious Name File
<input type="checkbox"/>	Trade/Service Mark
<input type="checkbox"/>	Merger File
<input type="checkbox"/>	Art. of Amend. File
<input type="checkbox"/>	RA Resignation
<input type="checkbox"/>	Dissolution / Withdrawal
<input type="checkbox"/>	Annual Report / Reinstatement
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<input type="checkbox"/>	Certificate of Good Standing
<input type="checkbox"/>	Certificate of Status
<input type="checkbox"/>	Certificate of Fictitious
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<input type="checkbox"/>	UCC 1 or 3 File
<input type="checkbox"/>	UCC 11 Search
<input type="checkbox"/>	UCC 11 Retrieval
<input type="checkbox"/>	Courier

**FILED**  
00 FEB -8 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
00 FEB -8 PM 4:17  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

29-00

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

LM 2/8 3:33

**ARTICLES OF INCORPORATION**  
**OF**

**Golden Glades Diagnostic Center, Inc.**

**FILED**  
00 FEB -8 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 is **Golden Glades Diagnostic Center, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **18260 N.E. 19<sup>th</sup> Avenue, Suite 204, North Miami Beach, Florida 33162.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred thousand (100,000) shares having a par value of one dollar (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Joseph G. Coza, 18260 N.E. 19<sup>th</sup> Avenue, Suite 204, North Miami Beach, FL 33162.**

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of the initial Board of Directors of the corporation is **Joseph G. Coza, 18260 N.E. 19<sup>th</sup> Avenue, Suite 204, North Miami Beach, Florida 33162.**

The undersigned has executed these Articles of Incorporation this 8<sup>th</sup> day of February 2000.

"Capital Connection, Inc. by, Lance L. McGee, Client Representative"

Lance L. McGee

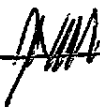
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Golden Glades Diagnostic Center, Inc.

2. The name and street address of the registered agent and office is: Joseph G. Coza  
18260 N.E. 19<sup>th</sup> Avenue, Suite 204  
North Miami Beach, FL 33162

HAVE 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.

X 

**FILED**  
00 FEB - 8 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA