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EXPRESS CORPORATE FILING SERVICE, INC.

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CORAL GABLES, FL 33134 (305)444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MRI DIAGNOSTIC INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

RECEIVED  
00 FEB 24 AM 11:13  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE

Examiner's Initials

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

***MRI DIAGNOSTIC 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 corporation shall be:*

***MRI DIAGNOSTIC INC.***

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

***ARTICLE II PRINCIPAL OFFICE***

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

***6766 ORCHID DR  
MIAMI LAKES, FL. 33014***

***ARTICLE III SHARES***

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

***600 Shares of Common Stock at \$1.00 Par Value***

***ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS***

*The name and address of the initial registered agent is:*

***RAMON CABRERA  
6766 Orchid Dr  
Miami lakes, fl. 33014***

**ARTICLE V INCORPORATOR(S)**

*The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):*

*Ramon Cabrera  
6766 Orchid Dr  
Miami Lakes, Fl. 33014*

**ARTICLES VI DIRECTOR(S)**

*The name(s) and street address(es) of the Director(s) is (are)*

*President/Director*

*Ramon Cabrera  
6766 Orchid Dr  
Miami Lakes Fl. 33014*

*The undersigned incorporator(s) has(have) executed these Articles of Incorporation  
This 21<sup>th</sup> day of February 2000.*

  
\_\_\_\_\_  
*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.*

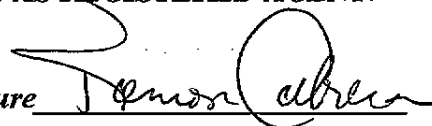
1. The name of the corporation is: MRI DIAGNOSTIC INC
  
- 2, The name and address of the registered agent and office is:

RAMON CABRERA  
NAME  
6766 ORCHID DR  
P.O. BOX NOT ACCEPTABLE  
MIAMI LAKES FL 33014

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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



Date: February 21, 2000