

**PINNACLE 3611**

OFFICE USE ONLY (Continued)

**LATARUS CORPORATE FILING SERVICE, INC.**

(Requestor's Name)

**3320 S.W. 87th AVENUE**

(Address)

**MIAMI, FLORIDA (305)552-5973**

(City, State, Zip) (Phone #)

**LOCAL REPRESENTATIVE TALLAHASSEE**

OFFICE USE ONLY

**FILED**  
00 MAR -7 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**RECEIVED**  
00 FEB 15 AM 11:54  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

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

1. **PINNACLE DIAGNOSTICS INC.**  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ 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

**400003135754--0**  
-02/15/00--01078--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**3/7**

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 15, 2000

LAZARUS

MIAMI, FL

SUBJECT: PINNACLE DIAGNOSTIC INC.  
Ref. Number: W00000004056

We have received your document for PINNACLE DIAGNOSTIC INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 200A00007854

RECEIVED  
00 MAR -7 AM 11:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

*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 the corporation shall be:

Pinnacle Diagnostics AND IMAGING INC.

FILED  
00 MAR -7 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

8180 N.W. 36th St. #304.  
Miami, FL 33166.

### ARTICLE III SHARES

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

100<sup>0/12</sup>

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ana Rodeiguez.  
8180 N.W. 36th St. #304.  
Miami, FL 33166

**ARTICLE V. INCORPORATOR(S)**

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

Ana Rodriguez 8180 N.W. 36th # 304 Miami, FL 33166  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI. DIRECTOR(S)**

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

Ana Rodriguez 8180 N.W. 36th # 304 Miami, FL 33166  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 14 day of February.

X Rodriguez  
Signature

Signature

Signature

**FILED**  
00 MAR -7 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED 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 Rodriguez  
REGISTERED AGENT