

P00000073717
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
00 JUL 31 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: CERTIFIED MEDICAL IMAGING INC
(Proposed corporate name - must include suffix)

800003340238--1
-07/31/00--01096--002
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: GARY GOYKMAN
Name (Printed or typed)

4721 NW 115 TERRACE
Address

CORAL SPRINGS FLA 33076
City, State & Zip

(954) 796-8266
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

PA 8/3/00

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED
00 JUL 31 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CERTIFIED MEDICAL IMAGING INC

ARTICLE II PRINCIPAL OFFICE

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

4721 NW 115 TERRACE
CORAL SPRINGS FLA 33076

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

GARY GOYKMAN
4721 NW 115 TERRACE
CORAL SPRINGS FLA 33076

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

GARY GOYKMAN
4721 NW 115 TERRACE
CORAL SPRINGS FLA 33076



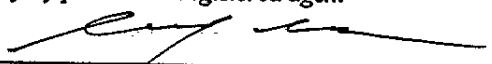
Signature/Incorporator

7/10/00

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

7/10/00

Date