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TRANSMITTAL LETTER

00 NOV 13 PM 2:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: SAPPHIRE Medical Ventures, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200003462182--8
-11/13/00--DI149--019
*****78.75 *****78.75

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 of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Paul D. Harrington, Sr
Name (Printed or typed)

12052 100th Ave NORTH
Address

Seminole, FL 33772
City, State & Zip

(727) 398-4116
Daytime Telephone number

F. CHESSER NOV 15 2000

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Sapphire Medical Ventures, Inc.

ARTICLE II PRINCIPLE OFFICE

The principal place of business/ mailing address is:

12052 100th Avenue North
Seminole, FL 33772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To acquire and manage failing diagnostic imaging centers.

ARTICLE IV SHARES

The number of the shares of stock is:

This corporation, Sapphire Medical Ventures, Inc. is authorized to have 1000 shares of stock outstanding at any one time.

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Paul Harrington- President/Treasurer
12052 100th Avenue North
Seminole, FL 33772

Lucille Harrington- Vice President/Secretary
12052 100th Avenue North
Seminole, FL 33772

ARTICLE VI REGISTERED AGENT

The name and Florida address of the registered agent is:

Paul Harrington
12052 100th Avenue North
Seminole, FL 33772

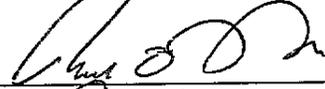
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Harrington
12052 100th Avenue North
Seminole, FL 33772

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X 

Signature/Registered Agent

10/30/00

Date

X 

Signature/Incorporator

10/30/00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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