

# P01000024293

## TRANSMITTAL LETTER

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

United Professional Diagnostic Center, Inc.

SUBJECT: \_\_\_\_\_  
(Proposed corporate name - must include suffix)

200003818702--5  
-03/08/01--01062--001  
\*\*\*\*\*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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Delaware Professional Services Corp.

Name (printed or typed)

46 State St., 5th Floor

Address

Albany, NY 12207

City, State & Zip

518-427-9953 Elena

Daytime Telephone number

FILED  
01 MAR -8 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

# 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:

**UNITED PROFESSIONAL DIAGNOSTIC CENTER, INC.**

## ARTICLE II PRINCIPAL OFFICE

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

1790 W 49th Street  
Hialeah, FL 33012

## ARTICLE III SHARES

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

200 No Par Value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Beioukaga Akberov  
1790 W 49th Street  
Hialeah, FL 33012

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

Alexander Almonte  
1201 N. Orange St., Suite 762  
Wilmington, DE 19801

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 26th day of February, 2000.

A handwritten signature in cursive script, appearing to read "Alex Almonte", is written over a horizontal line.

Signature

A horizontal line intended for a second signature.

Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

UNITED PROFESSIONAL DIAGNOSTIC CENTER, INC.

1. The name of the corporation is:

2. The name and address of the registered agent and office is:

Beioukaga Akberov

(NAME)

1790 W 49 Street

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Hialeah, FL 33012

(CITY/STATE/ZIP)

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.

B. Akberov

(SIGNATURE)

2/26/2001

(DATE)

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TALLAHASSEE, FLORIDA