Po100027187

TRANSMITTAL LETTER

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

SUBJECT:	ORIGINAL DIAGNOSTIC CENTER, INC		
	(Proposed corporate name - must include suffix)		

Enclose is an original and (1) copy of the articles of incorporation and a check for: \$78.75

300003831463--6 -03/12/01--01134--008 *****78.75 *****78.75

FROM:	ARMANDO LEON
	Name
	12250 SW 20 TERR. # 6
	Address
	MIAMI, FL 33184
	City, State & Zip
	(305) 226-6436
	Daytime Telephone Number



De3/6

ARTICLES OF INCORPORATION

ORIGINAL DIAGNOSTIC CENTER, INC.

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

ARTICLE I

NAME AND PRINCIPAL OFFICE

The name of this Corporation is ORIGINAL DIAGNOSTIC CENTER, INC., and its principal place of business is 850 SW 129 Pl # 202, Miami, Florida 33184.

ARTICLE II

TERM OF EXISTENCE

This Corporation shall have perpetual existence unless sooner dissolved in accordance with the laws of the state of Florida. The date on which corporate existence shall begin is the date on which these Articles of Incorporation are filed with the Secretary of State of the State of Florida.

ARTICLE III

NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV

AUTHORIZED SHARES

This Corporation is authorized to issue 100 Shares of Common Stock with a par value of one dollar (\$1.00) per share.

ARTICLE V

REGISTERED AGENT AND OFFICE

The name and address of the initial Registered agent is:

ARMANDO LEON

12250 SW 20 Terr. #6, Miami, Fl 33184.

ARTICLE VI

DIRECTOR(S)

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

ARMANDO LEON, PRESIDENT 12250 SW 20 Terr. # 6, Miami, Fl 33184

ARTICLE VII

INCORPORATOR(S)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation	is (are)):
ARMANDO LEON		
12250 SW 20 Terr. # 6, Miami, Fl 33184.		

Per Son		03-05-01
Signature/Incorporator	 - ·	Date

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.

est	03-05-01
Signature/Registered Agent	Date