P010000045410

01 MAY -2 PM 12: 12

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

SUBJECT: 1	<u>Jeu</u>	rodiagnostics o	+ Imaging S	ervices, Inc	
		(FROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX) 400004133 -05/03/010 *****87.50	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
☐ \$70.0 Filing Fe		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Monica Gutierrez					
Name (Printed or typed) 239 Wangany Terrace Address					
			33325 State & Zip		
(954) 423-3046 Daytime Telephone number					

D. WHITE MAY - 7 2001 2 V

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: Neurodiagnostics + Imaging Services, Inc.	O1 MAY -2 PM 12: 12 SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 239 Managany Terrace Davie, FC 33325	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Provide wedical testing services.	
ARTICLE IV SHARES The number of shares of stock is:	.
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Monica Gutierrez 239 Mahagany Terrace Davie, FL 33325	
Davie, FL 33325 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Neurodiagnostics + Imaging Services, Inc. 239 Hahogary Terrace Davie, FL 33325	.
**************************************	ration at the place designated in this
Signature/Registered Agent	4 30 01 Date
Signature/Incorporator	4/30/01 Date
Signature moorporator	Dal o