

TRANSMITTAL LETTER

P010000046696

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

700004044897--2
04/23/01--01142--011
*****78.75 *****78.75

SUBJECT: PROFESSIONAL MEDICAL DIAGNOSTIC
(Proposed corporate name - must include suffix)

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: RAMONA ROMAN
Name (Printed or typed)

2075 S.W. 122 AVE #114
Address

MIAMI, FL 33175
City, State & Zip

305-444-5500
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY -9 AM 7:53

FILED

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

T. Burch MAY 10 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 25, 2001

RAMONA ROMAN
2075 S.W 122 AVE #114
MIAMI, FL 33175

SUBJECT: PROFESSIONAL MEDICAL DIAGNOSTIC
Ref. Number: W01000009368

We have received your document for PROFESSIONAL MEDICAL DIAGNOSTIC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 001A00024489

ARTICLES OF INCORPORATION
OF
PROFESSIONAL MEDICAL DIAGNOSTIC, INC.

The undersigned incorporator(s), do hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the Florida General Corporation Act, subject to the following provisions:

ARTICLE I NAME AND PRINCIPAL OFFICE

The name of this corporations shall be:
PROFESSIONAL MEDICAL DIAGNOSTIC, INC.

The principal place of this corporation shall be
2075 S.W. 122 AVE. #114
MIAMI, FL 33175

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock which the corporation shall have outstanding at any time, shall be **ONE HUNDRED (100)** shares of stock which shall be common stock of a par value of **ONE (\$1.00)** Dollar(s) per share. All or any part of the capital stock may be paid for either in lawful monies of the United States of America, or in property, real or personal, or in services, at a true valuation thereof.

This corporation shall begin business with a minimum capital of the amount of **ONE HUNDRED (\$100.00)** Dollars.

ARTICLE IV OFFICERS DIRECTORS

The business of the Corporation shall be managed and controlled by a Board of Directors, consisting of not less than One (1) Director.

The names(s) and street address(es) of the initial officer(s) and director(s), who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

01 MAY -9 AM 7:53
SECRETARY OF STATE
GALLAHASSET FLORIDA

FILED

BOARD OF DIRECTORS

RAMONA ROMAN

2075 S.W. 122 AVE. #114
MIAMI, FL 33175

OFFICERS

RAMONA ROMAN

2075 S.W. 122 AVE. #114
MIAMI, FL 33175

President
Sec.-Treas.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation and a statement of the number of shares which each mutually agree to take, is(are) as follows:

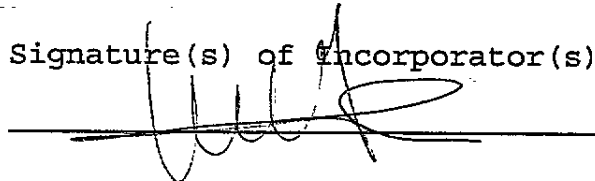
RAMONA ROMAN

2075 S.W. 122 AVE. #114
MIAMI, FL 33175

100 shares
\$1.00 each

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13th day of APRIL, 2001.

Signature(s) of Incorporator(s)



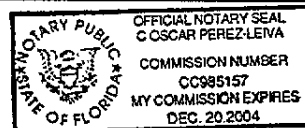
STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 13 day of April, 2001, by RAMONA ROMAN of PROFESSIONAL MEDICAL DIAGNOSTIC, INC.

(Name of Corporation)


Notary Public

My Commission Expires:



CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

1. The name of the corporation is: **PROFESSIONAL MEDICAL DIAGNOSTIC, INC.**

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

2075 S.W. 122 AVE. #114

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33175

(CITY/STATE/ZIP)

SIGNATURE _____

(Corporate Officer)

TITLE **PRESIDENT**

DATE **4/13/01**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE _____

DATE **4/13/01**

FILED
01 MAY -9 AM 7:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA