TRANSMITTAL LETTER

P01000052079

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

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-05/18/01--01039--002
*****87.50 *****87.50

SUBJECT: Health Screening Images Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

FILED
01 MAY 18 PM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Steve Savvas - Health Screening Images, Inc.
PRES.
Name (Printed or typed)

716 Wesley Ave. Suite 14
Address

Tarpon Springs, FL 34689
City, State & Zip

727-944-4735
Daytime Telephone number

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

K. CHESSER MAY 25 2001

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HEALTH SCREENING IMAGES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

716 WESLEY AVE. SUITE 14
TARPON SPRINGS, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PERFORM HEALTH SCREENINGS FOR THE MEDICAL COMMUNITY.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

PRES./SEC. STEVE SAVVAS
5436 LA PLATA DR.
NEW PORT RICHEY, FL 34655

V. PRES/TREAS LOUIS TSAGARIS
3123 BRIGHT DR.
HOLIDAY, FL 34691

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

STEVE SAVVAS
716 WESLEY AVE. SUITE 14
TARPON SPRINGS, FL 34689

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

STEVE SAVVAS
716 WESLEY AVE. SUITE 14
TARPON SPRINGS, FL 34689

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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

Signature/Registered Agent — Date: 5-9-01

Signature/Incorporator — Date: 5-9-01