TRANSMITTAL LETTER

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Department of State Division of Corporations P T

P. O. Box 6327				•	•		
Tallahassee, FL 3	32314						
				400	004593 -09/17/010	5 94 3 1064004	
					*****70.00		
SUBJECT:		Radiology	Temps,	INC			
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						

Enclosed is an origin	nal and one(1) copy of the artic	cles 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	

Miami, FL 33143 City, State & Zip (305) 665-9411 (305)

Daytime Telephone number

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) <u>ARTICLE I</u> NAME The name of the corporation shall be: Radiology Temps, Inc PRINCIPAL OFFICE The principal place of business/mailing address is: 10700 Caribbean Blud, Su 312 A Cutter Ridge, FL 33189 The purpose for which the corporation is organized is: Medical Support Services ARTICLE IV The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) Douglas Macedo, President The name(s) and address(es): REGISTERED AGENT Sharon Wolling The name and Florida street address of the registered agent is: 17130 SW 85 AVE Miami, FL 33157 ARTICLE VII INCORPORATOR Douglas Macedo The <u>name and address</u> of the Incorporator is: 7900 SW 54 AVE Miani , FL 33143 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

Donglas Macela

Signature/Incorporator

Date