POIOOOOO9453

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

SUBJECT: AMERICAN MEDICAL IMAGING TECHNOLOGIES INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
		31	00004557 *****78.75	1059=-009 *****78.75
Enclosed are 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Stuat M. 6) Name	e man (Printed or typed)	Gile Det	Oreginal file
7	3561 Alan D	2116 Address		·
7	1; to sville City	FL 327 y, State & Zip	FALLAHAS:	010CT 29
J	321~383-4896 Daytime	Telephone number	SEE FLORIDA	9 AN 7: 53

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 30, 2001

STUART M. GLEMAN 3561 ALAN DRIVE TITUSVILLE, FL 32780

SUBJECT: AMERICAN MEDICAL IMAGING TECHNOLOGIES INC. (AMITI)

Ref. Number: W01000025075

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

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

You must list the corporation's principal office and/or a mailing address in the document,

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) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 301A00059408

ARTICLES OF INCORPORATION

OF

AMERICAN MEDICAL IMAGING TECHNOLOGIES INC.

The undersigned hereby establishes the following for the purposes of becoming a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida providing for the formation, liability, rights, privileges and immunities of a corporation for profit, including Chapter 607, Florida Statutes.

ARTICLE I

Name of Corporation

The name of this Corporation shall be AMERICAN MEDICAL IMAGING TECHNOLOGIES, INC.

ARTICLE II

Nature of Business

This Corporation may engage or transact in 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 that this corporation is authorized to have outstanding at any one time is 7500 shares of common stock having \$1.00 par value per share; 2500 of which shall be voting stock and 5000 of which shall be non-voting stock. The 5000 non-voting shares of stock shall not be entitled to vote on any matter.

ARTICLE IV

Corporate Duration

This Corporation shall have perpetual duration.

ARTICLE V

Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is 3561 Alan Drive, Titusville, Florida 32780, and the name of the registered agent of this Corporation at that address is STUART M. GLEMAN.

ARTICLE VI

Initial Board of Directors

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from the time to time by the By-Laws but shall never be

less than one. The name and address of the initial director of this Corporation is: STUART M. GLEMAN, 3561 Alan Drive, Titusville, Florida 32780.

ARTICLE VII

By-Laws

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors.

ARTICLE VIII

Indemnification

This Corporation shall indemnify any officer or director, or any former officer or director to the full extent permitted by law.

ARTICLE IX

Incorporator

The name and address of the person signing these Article is as follows: STUART M. GLEMAN, 3561 Alan Drive, Titusville, Florida 32780.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 25 day of October, 2001.

Arram

STUART M. GLEMAN

STATE OF FLORIDA)
COUNTY OF BREVARD

Before me, a notary public authorized to take acknowledges in the state and county set forth above, personally appeared STUART M. GLEMAN, known to me and known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 25 day of October, 2001.

KAREN L. HUDSON
MY COMMISSION # CC 788396
EXPIRES: November 4, 2002
Bonded Thru Notary Public Underwriters

(NOTARY SEAL)

Notary Public

State of Florida at Large My commission expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS

OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA

NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES,

THE FOLLOWING IS SUBMITTED:

FIRST: THAT AMERICAN MEDICAL IMAGING TECHNOLOGIES, INC. (Name of Corporation)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF Titusville , STATE OF Florida and STREET ADDRESS: 3561 (State) Alan Doire 32780 STUART M. GLEMAN HAS NAMED (Name of Resident Agent) LOCATED AT _____ 3561 Alan Drive (Street address and number of building, Post Office Box addresses are not acceptable) Titusville , STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

STUART M. GLEMAN

President

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE SATED 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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES.

> (Signature, Registered Agent) STUART M. GLEMAN