

PO2000014051

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

## FLORIDA PROFIT CORPORATION OR P.A.

FULLBODY MEDICAL IMAGING, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

FullBody Medical Imaging, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

120 Isle of Venice Drive #1  
Fort Lauderdale, Florida 33301**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MANAGEMENT OF FAPERWORK

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Dennis J. Quarantello  
120 Isle of Venice Drive #1  
Fort Lauderdale, FL 33301**ARTICLE VI REGISTERED AGENT**

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

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST. #1  
TALLAHASSEE, FL, 32301**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dennis J. Quarantello  
120 Isle of Venice Drive #1  
Fort Lauderdale, Florida 33301

\*\*\*\*\*  
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

Deilani White

Signature/Registered Agent

Date

Signature/Incorporator

02/06/02

Date

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