

TRANSMITTAL LETTER

PO2000050968

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

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-05/06/02--01057--003
*****87.50 *****87.50

SUBJECT: Space Coast Sonography Inc.
(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: Terri L. Tallman
Name (Printed or typed)

2183 Thames Rd. SE
Address

Palm Bay, FL 32909
City, State & Zip

321-917-7744
Daytime Telephone number

FILED
02 MAY -6 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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ARTICLES OF INCORPORATION

OF

Space Coast Sonography Inc.

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02 MAY -6 AM 7: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this corporation is: Space Coast Sonography Inc.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

2183 Thames Rd. SE
Palm Bay, FL 32909

ARTICLE III

The purpose of this Corporation is to engage in the business of providing contract medical services and any business permitted under the laws of the State of Florida.

ARTICLE IV

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 1,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE V

The name and address of the initial registered agent is:

<u>NAME</u>	<u>ADDRESS</u>
Terri L. Tallman	2183 Thames Rd. SE Palm Bay, FL 32909

ARTICLE VI

The name and address of the incorporator to these Articles of Incorporation is:

<u>NAME</u>	<u>ADDRESS</u>
Terri L. Tallman	2183 Thames Rd. SE Palm Bay, FL 32909

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Terri L. Tallman

Terri L. Tallman
Registered Agent

STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared, Terri L. Tallman, who is personally known to me or who produced _____ as identification to me and who executed the foregoing Articles of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 3 day of May, 2002.

Donna M. Pate

Notary Public, State of Florida at Large

OFFICIAL NOTARY SEAL
DONNA M PATE
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC791637
MY COMMISSION EXP. NOV. 25, 2002

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY -6 AM 7:32

FILED