

PO 1000005 8531

**(Requestor's Name)**

(Address)

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

1. CORAL DIAGNOSTIC CENTER, CORP.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_

(Corporation Name) (Document #)

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☐ Walk in ☒ Pick up time \_\_\_\_\_

 **Certified Copy**

☐ Mail out      ☒ Will wait

Photocopy

## ☐ Certificate of Status

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

RECEIVED  
02 MAY 28 AM 11:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 28 1908  
WASHINGTON, D. C.

RECEIVED MAY 26 2002

**Examiner's Initials**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAY 28 PM 1:04

Date MAY 23, 2002

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re CORAL DIAGNOSTIC CENTER, CORP. Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

CORAL DIAGNOSTIC CENTER, CORP.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
1710 SW 27 AVE, STE 201		
MIAMI, FLORIDA 33145		
PHONE		
( 305 )	822-7537	
Area Code	Phone Number	Ext.

**ARTICLES OF INCORPORATION**

of

CORAL DIAGNOSTIC CENTER, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

CORAL DIAGNOSTIC CENTER, CORP.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	MARIA ISABEL BRITO				
ADDRESS	1710 SW 27 AVE, STE 201				
CITY	MIAMI	STATE	FLORIDA	ZIP	33145

The principal office, if known, or the mailing address of the corporation is:

NAME	CORAL DIAGNOSTIC CENTER, CORP.				
ADDRESS	1710 SW 27 AVE., STE 201				
CITY	MIAMI	STATE	FLORIDA	ZIP	33145

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	MARIA ISABEL BRITO	PRESIDENT
ADDRESS	7515 W. 5 COURT	
CITY	HIALEAH	STATE FLORIDA ZIP 33014
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

**Article VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	MARIA ISABEL BRITO		
ADDRESS	1710 SW 27 AVE., STE 201		
CITY	MIAMI	STATE	FLORIDA ZIP 33145
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 23 day of MAY, XX 2002

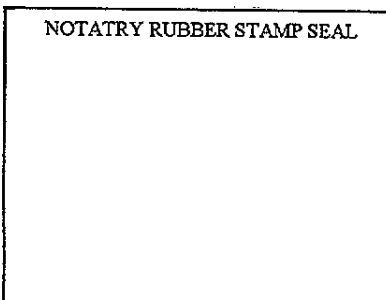
Maria Brito (Seal)  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared: MARIA ISABEL BRITO

<u>Maria Brito</u> Signature	PERSONALLY KNOWN Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this  
\_\_\_\_\_ 23 day of \_\_\_\_\_ MAY \_\_\_\_\_ XX 2002

Notary Signature

Printed Notary Signature

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## *CERTIFICATE OF REGISTERED AGENT OF*

CORAL DIAGNOSTIC CENTER, CORP.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 1710 SW 27 AVE., STE 201

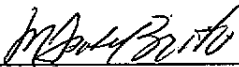
MIAMI, FLORIDA 33145

has named MARIA ISABEL BRITO

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.



*(registered agent)*

02 MAY 28 PM 1:04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS