

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 327
Tallahassee, FL 32314

800006327138--3
-07/11/02--01031--004
*****70.00 *****70.00

SUBJECT: Advanced MRI, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Advanced MRI, Inc.

Name (Printed or typed)

1352 NE 163rd Street

Address

North Miami Beach, FL 33162

City, State & Zip

305-949-5999

Daytime Telephone number

FILED
02 JUL 11 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

ARTICLE I NAME

The name of the corporation shall be:

Advanced MRI, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1352 NE 163rd Street
North Miami Beach, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Testing

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Craig A. Walizer, CPA
2025 NE 198 Terrace
Miami, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Craig A. Walizer, CPA
2025 NE 198 Terrace
Miami, FL 33179

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

Signature/Incorporator

Date

Date

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