

TRANSMITTAL LETTER

*Proposed 78169*

Division of Corporations  
P.O. Box 6  
Tallahassee, FL 32311

SUBJECT: MRI Management, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700006484627--5  
-07/18/02--01046--001  
\*\*\*\*\*78.75 \*\*\*\*\*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  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Dr. Sheldon Rocklin  
Name (Printed or typed)

4201 North Ocean Blvd., C1402  
Address

Boca Raton, FL 33431  
City, State & Zip

248-752-5758  
Daytime Telephone number

*[Signature]*  
*7/18*

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

02 JUL 18 PM 1:28  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:

MRI Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

4201 North Ocean Boulevard, C1402, Boca Raton, FL 33431

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide management services to MRI centers.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**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:

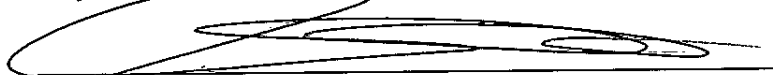
Dr. Sheldon Rocklin, 4201 North Ocean Boulevard, C1402, Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Donald K.S. Petersen, Petersen & Lefkofsky, 39533 Woodward Avenue, Ste. 170, Bloomfield Hills, MI 48304

\*\*\*\*\*  
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

7/16/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/16/02  
\_\_\_\_\_  
Date

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