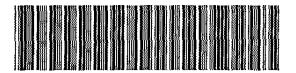
P02000/3/390

(Requestor's Name)
(Address)
(i manoss)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dodamont Hambor)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Inial
V

Office Use Only



600009368846

12/13/02--01026--007 **78.75

FILED
02 DEC 13 AM 10: 09
SECRETARY EFF STATE

9/1/14

ARTICLES OF INCORPORATION OF NEW IMAGE DIAGNOSTIC OF MIAMI, INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE
OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS
CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING
ARTICLES OF INCORPORATION:

ARTICLE #1 NAME OF THE CORPORATION NEW IMAGE DIAGNOSTIC OF MIAMI, INC.

ARTICLE #2 PRINCIPAL OFFICE OF THE CORPORATION 900 W. 49TH STREET #308 HIALEAH, FL 33012

> ARTICLE #3 NUMBER OF SHARES 1000 SHARES OF COMMON STOCK

ARTICLE #4 INITIAL REGISTERED AGENT FOR THE CORPORATION ROBERT MARTINEZ

ARTICLE #5 INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESSES OF THE INCORPORATOR(S)
TO THESE ARTICLES OF INCORPORATION ARE:

ROBERT MARTINEZ C/O 900 W. 49TH STREET SUITE 308 HIALEAH, FL 33012

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 9 DAY OF DECEMBER 2002:

SIGNATURE

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT AND REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, UNDER THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED AGENT, AND THE REGISTERED OFFICE OF THE CORPORATION IN THE STATE OF FLORIDA.

- 1. NAME OF CORPORATION: NEW IMAGE DIAGNOSTIC OF MIAMI, INC
- 2. THE NAME AND STREET ADDRESS OF THE REGISTERED AGENT:

ROBERT MARTINEZ C/O 900 W. 49TH STREET SUITE 308 HIALEAH, FL 33012

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.

SIGNATURE

12-9-02