

PO 30000000164

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(City/State/Zip/Phone #)

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FILED

02 DEC 31 PM 12:11

SEC 314, 100 STATE  
FALL 2002, 11, 11, 2002

TRANSMITTAL LETTER

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

SUBJECT: DIMENSION IMAGING, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: DIMENSION IMAGING, INC. / C/O STEVE KETOVER.  
Name (Printed or typed)

3475 SHERIDAN STREET, SUITE 210  
Address

HOLLYWOOD, FL 33021  
City, State & Zip

954-961-1880  
Daytime Telephone number

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: **DIMENSION IMAGING, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **DIMENSION IMAGING, INC  
C10 STEVE KETOVER.  
3475 SHERIDAN STREET, SUITE 210  
HOLLYWOOD, FL 33021**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**MEDICAL MANAGEMENT, BILLING, AND COLLECTIONS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

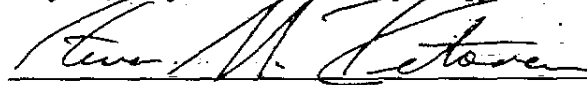

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
**STEVE KETOVER  
3475 SHERIDAN STREET, SUITE 210  
HOLLYWOOD, FL 33021**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
**STEVE KETOVER  
3475 SHERIDAN STREET, SUITE 210  
HOLLYWOOD, FL 33021**

\*\*\*\*\*  
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

Date



Signature/Incorporator

Date

FILED  
02 DEC 31 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA