

**P03000003/824**

**Florida Department of State  
Division of Corporations  
Public Access System**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**(((H03000084650 8)))**

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**  
Division of Corporations  
Fax Number : (850)205-0381

**From:**  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FILED**  
**03 MAR 19 AM 8:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FLORIDA PROFIT CORPORATION OR P.A.  
CARDIOVASCULAR SPECIALIST OF PB, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

✓

*gjs/2*

ARTICLES OF INCORPORATION

of

CARDIOVASCULAR SPECIALIST OF PB, INC.  
(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:

CARDIOVASCULAR SPECIALIST OF PB, INC.

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 operating as an independent contractor performing ultrasound studies.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one dollar (\$) (1.00) par value Common Stock, which shall be designated "Common Shares."

FILED  
03 MAR 19 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 are:

NAME LILIA VASQUEZ  
ADDRESS 1164 A SUMMIT TRAIL CIR.  
CITY WEST PALM BEACH, FL. 33415

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

NAME CARDIOVASCULAR SPECIALIST OF PB, INC.  
ADDRESS 1164 A SUMMIT TRAIL CIR.  
CITY WEST PALM BEACH, FL. 33415

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME LILIA VASQUEZ  
ADDRESS 1164 A SUMMIT TRAIL CIR.  
CITY WEST PALM BEACH, FL. 33415

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

ARTICLE VII - INCORPORATORS

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


NAME LILIA VASQUEZ  
ADDRESS 1164 A SUMMIT TRAIL CIR.  
CITY WEST PALM BEACH, FL. 33415

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned and subscriber(s) have executed these Articles of Incorporation this 17<sup>TH</sup> DAY OF MARCH 2003.

 (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

CARDIOVASCULAR SPECIALIST OF PB, INC.  
(Name 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: CARDIOVASCULAR SPECIALIST OF PB, INC.  
1164 A SUMMIT TRAIL CIR.  
WEST PALM BEACH, FL. 33415


Has named LILIA VASQUEZ

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

FILED  
03 MAR 19 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)