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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

ma radiology of port st. lucie, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

② H103000192388

ARTICLES OF INCORPORATION

In compliance with chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MA Radiology Services of Fort St. Lucie, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11561 NW 24 Terrace, Plantation, FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MRI Billing Service

ARTICLE IV SHARES

The number of shares of stock is

1000 - \$1.00 par value

ARTICLE V INITIAL OFFICES/DIRECTORS (optional)

Joseph Kassdikian, President, Vice Pres,
Sec, Treas.

ARTICLE VI REGISTERED AGENT

The name and address of the registered agent is:

David F. Fuchs 8 Southeast 8th Street
Fort Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Joseph Kassdikian

11561 NW 24 Terrace
Plantation, FL 33323

Incorporator

Joseph Kassdikian

Having been named as registered agent 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.

Registered agent

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