

# P03000103301

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BRUCE J. O'DONNELL, CPA, P.A.  
Account Number : 120000000084  
Phone : (561)883-1210  
Fax Number : (561)883-1252

## FLORIDA PROFIT CORPORATION OR P.A.

### IMAGING MEDICAL SOLUTIONS, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

Bm 9/22

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

IMAGING MEDICAL SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1580 SAWGRASS CORP. PKWY., SUITE 130  
SUNRISE, FL 33323

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

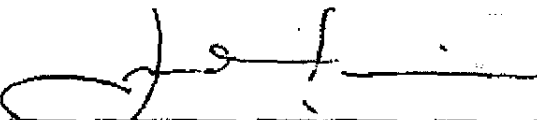
ISANDER NIEVES  
1580 SAWGRASS CORP. PKWY., SUITE 130  
SUNRISE, FL 33323

ARTICLE V INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation is:

ISANDER NIEVES  
1580 SAWGRASS CORP. PKWY., SUITE 130  
SUNRISE, FL 33323

The undersigned incorporator has executed these Articles of Incorporation this 18 day of Sept., 2003.

  
Signature

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

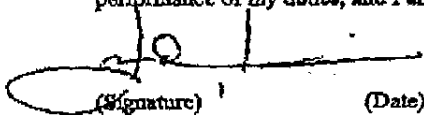
1. The name of the corporation is:

IMAGING MEDICAL SOLUTIONS, INC.

2. The name and address of the registered agent and office is:

ISANDER NIEVES  
1580 SAWGRASS CORP. PKWY., SUITE 130  
SUNRISE, FL 33323

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)

9-18-03

(Date)

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