# P0300106543

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Openial mandedona to 1 ming officer.
·
/ 1
Office Use Only
/ ////////
/ "\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\



200022102742

09/29/03--01082--002 \*\*78.75

O3 SEP 29 PM 12: 56

O3 SEP 29 AM II: 47
DELTA OF SUPPLY STATE ALLANA SEE FORALIONS

	. •	,	
OFFICE USE ONLY(DOCUMENT #)			
The state of the s		,	
LAZARUS CORPORATE FILING	G SERVICE		
3320 S.W. 87 AVENUE			
MIAMI, FLORIDA (305)552-5973		·	
3			
	Ĺ	OFFICE USE ONLY	
CORPORATION NAME(S) & DOG	CUMENT NUMB	ER(S) (if known):	
Cunic Tinal M	-Disal	DIAGNOSTIC CORP.	
1. (7/15//7/V /V/C (Corporation Name)	DUTIL	(Document #)	
2.		(Sociality)	
(Corporation Name)		(Document #)	
3. (Corporation Name)		(Document #)	
4.			
(Corporation Name)		(Document #)	
Walk in Pick up time 2	.00	Certified Copy	
Mail out Will wait	Photocopy	Certificate of Status	
		Cormicate of diatus	
		The state of the s	
NEW FILINGS	AMENDME	NIS PREEL SPICE	
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
. Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATION QUALIFICATION		
Annual Report	Foreign	watering a	
Fictitious Name	Limited Partnershi	n	
Name Reservation —		<u> </u>	
	Reinstatement		
<u> </u>	Trademark		
	Other	Jr	

Examiner's Initials

# ARTICLES OF INCORPORATION

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.

SECRETARY OF STATE TALLAHASSEE FLORIDA

03 SEP 29 PM 12: 56

# ARTICLE I - NAME

The name of the corporation shall be:

CHRISTIAN MEDICAL DIAGNOSTIC CORP

### ARTICLE II - PRINCIPAL OFFICE

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

8360 West Flasler ST 33144 Miami F.L Suite-210

### ARTICLE III -SHARES

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

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ORIOI LIMONTE 8360 West Flagler ST 133144 MIAMI F.L SUITE-210

# **ARTICLE V - INCORPORATOR**

The name and street address of the inc	corporator to the	se Articles of	
Incorporation is:	•	•	
·	_	1	$\bigcirc$ i

ORIOL LIMONTE 8360 West Flagler Miami f.L 33144 Suite - 210

The undersigned incorporator has executed these Articles of Incorporation this 26 day of September 2003

### ARTICLE VI- DIRECTOR(S)

Signature

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

(P) ORIOL LIMONTE 8360 West Flaska Miami F.L. 33144 Suite - 210

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature