0400080398 Florida Department of State

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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.

florida open mri, inc.

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(4)

ARTICLES OF INCORPORATION

OF

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

Florida Open MRI, Inc.

ARTICLE II

This corporation shall commence existence upon the date of filling with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

7201 Pine Island Road Tamarac, Florida 33321

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE Y

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of 5_1

1

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Kim Santiago 8 SE 8 th street Fort Lauderdale, fc 333/10 ARTICLE VII

The name and address of the initial board of director(s) shall be:

President Vice fres. Secretary Treasurer

DAVID I. FUCHS
SO SOUTHEAST 8 H STREET
FORT LANDERDATE, FL 35316

ARTICLE VIII

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

DOUGIT. FUCHS & SE 8th Street FOX4 Laurendal, F133346

INCERPORATOR

2

H04000104114

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED KGENT

6

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TOTAL P.04