

P84000101871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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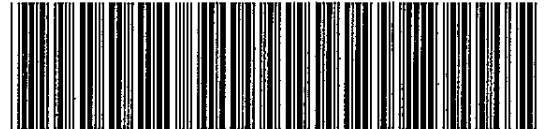
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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7/507/02/04

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: ULTRAMED IMAGING SERVICES, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: JOHN DEMAS
Name (printed or typed)

4240 FERNWAY DR.
Address

NORTH PORT, FLORIDA 34288
City, State & Zip

941-423-8071
Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned, JOHN DEMAS, PRESIDENT,
(Name) (Title)

of ULTRAMED IMAGING SERVICES, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was DECEMBER 30, 1987.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was COMMONWEALTH OF PENNSYLVANIA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ULTRAMED IMAGING SERVICES, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is ULTRAMED IMAGING SERVICES, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was COMMONWEALTH OF PENNSYLVANIA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am JOHN DEMAS, of ULTRAMED IMAGING SERVICES, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 30 day of JUNE, 2004.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ULTRAMED IMAGING SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

4240 FERNWAY DR
NORTH PAT, FLORIDA 34288

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

MEDICAL TESTING

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

JOHN DEMAS PRES/SECRETARY/TREAS.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

JOHN DEMAS
4240 FERNWAY DR
NORTH PAT, FLORIDA 34288

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

JOHN DEMAS
4240 FERNWAY DR
NORTH PAT, FLORIDA 34288

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

John Demas

Date

6/30/04

Signature/Incorporator

John Demas

Date

6/30/04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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