

P04000128997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

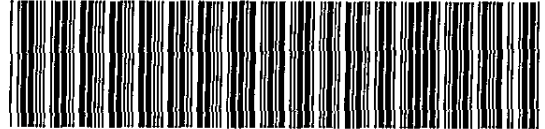
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04 SEP 13 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/13/04 -01051 -006 \*\*236.25

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OFFICE OF THE SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09-13-04  
6-31-60

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Universal Diagnostic Center, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     
  Pick up time     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

UNIVERSAL DIAGNOSTIC CENTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

7374 NW 35 TERRACE STE. #102., MIAMI, FL 33122

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DIAGNOSTIC AND MEDICAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MANUEL GARCIA, PRESIDENT  
1363 SW 12 STREET  
MIAMI, FL 33135

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MANUEL GARCIA  
1363 SW 12 STREET  
MIAMI, FL 33135

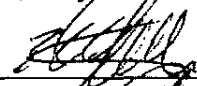
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

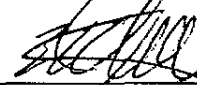
MANUEL GARCIA  
1363 SW 12 STREET  
MIAMI, FL 33135

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*Having been named as registered agent 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*

X   
\_\_\_\_\_  
Signature/Registered Agent

09/09/2004  
\_\_\_\_\_  
Date

X   
\_\_\_\_\_  
Signature/Incorporator

09/04/2004  
\_\_\_\_\_  
Date

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