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	-			
(Requestor's Name)				
(Ad	ddress)			
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	TIAW [MAIL		
(Business Entity Name)				
(0.	,	,		
	ocument Number)			
(50	ocument (4umber)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		1		

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	OFESSIONAL IMAG	TENAME-MUSTINCE	NC.
	ginal and one (1) copy of the arti	icles of incorporation and	a check for:
	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	EDWIN ME Name 5703 RED	(Timed of typed)	Rd # 310
	WINTER ST		
	Daytime T	93 - 39 7 9 elephone number	

NOTE: Please provide the original and one copy of the articles.

	05 / Sec TALL
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit	FILI 05 AUG -4 Sedire JARY FALLAHASSE
ARTICLE I NAME	
The name of the corporation shall be: PROFESSIONAL IMAGE ADDITIONAL ADDITIO	E E E E
PROFESSIONAL TAMA	and SW Etc.
TROTESSIONAL IMA	31117
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 5703 RED Bu	g LAKE Rd. # 310 ngs, FL 32708
WINTER Spri	ngs, FL 32708
ARTICLE III PURPOSE	3 ,
The purpose for which the corporation is organized is:	
MOBILE DIAGN	OSTIC ULTRA SOUND
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	ORS
List name(s), address(es) and specific title(s):	
Timothy P. NOLAN - SALES	5703 RED BUG LAK
MIGUEL T. CRESPO - CLINICA	4L Director Rad, #310
VICTOR T. RIVERA - Public	RELATIONS & WINTER SPRINGS
Timothy P. NOLAN - SALES MIGUEL T. CRESPO - CLINICA VICTOR T. RIVERA - PUBLIC EDWIN MEJIAS - ADMINIS	Trator) & 32708
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable)	of the registered agent is:
EDWIN MEJIAS 1049 WILLA SPRINGS Dr. SHITE.	1051
	1071
WINTER SPRINGS FL 32708 ARTICLE VII INCORPORÁTOR	
The name and address of the Incorporator is:	
EDWIN MEJIAS.	って!
1049 WILLA SPRINGS Dr. SUITE 19	407
WINTER SPRINGS, FL 32708	

Having been named as registered agent to accept service of process for the absertificate, I am fligillar with and accept the appointment as registered agent at	ove stated corporation at the place designated in this and agree to act in this capacity
Alle	8-2-05
Signature/Registered Agent	Date
Delle	8-2-05 Date 8-2-05
Signature/Incorporator	Date