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(F	Requestor's Name)
	Address)
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SECRETARY OF STATE
SALLANIASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT:

	(
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		y T. SIC	<u>A</u>	
56 SEVENTH AVENUE APTILIC				
	NEW YORK,	NEW YORK State & Zip	10011	
	Daytime Te	lephone number		

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

TATION ES OF INCODDODATION	
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: HIGHER SIGHT TA	M AND 26 A RECRETAGES
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: RRS OLI HIN SVE BONITA SPRINCIPAL OFFICE	F ST &
ARTICLE III PURPOSE The purpose for which the corporation is organized is: MEDICAL RADIOLOGY SIZ	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): SEVENTH AVENUE, AND YORK, NEW YORK	PT. 14C.
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: REGISTERED AGENT THE NAME OF THE PROPERTY OF TH	CPA SURT 34134
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SRESSENTH AVENUE NEW YORK, NY 10011	APTILL
****************	·~~~~************
Having been named as registered agent to accept service of process for the above stated corporation in a familiar with and accept the appointment as registered agent and agree to act	oration at the place designated in this in this capacity
Cores Will	8-23-05
Signature/Registered Agent	Date
(Bugan 2 Dea	8-23-05
Signature/incorporater	Date