

P06000094971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

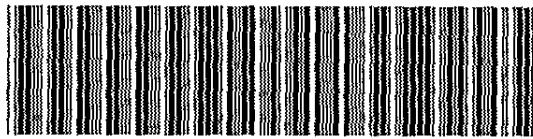
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/18/06--01004--008 *87.50

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 18 PM 1:24

UH

COVER LETTER

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

SUBJECT: IMAGING DIAGNOSTIC CENTER OF FLORIDA, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy
 \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: VIOLETA CHACON

Name (Printed or typed)

P O BOX 1232

Address

MIAMI, FLORIDA 33144-1232

City, State & Zip

(786) 728-7283

Daytime Telephone number

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

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:

IMAGING DIAGNOSTIC CENTER OF FLORIDA, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 PM 1:24

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

421 SW 107 AVE MIAMI, FL, 33174 (PLACE OF BUSINESS)
P O BOX 1232 MIAMI, FL, 33144 (MAILING ADDRESS)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DIAGNOSTIC TESTING CENTER

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VIOLETA CHACON (PRESIDENT)
P O BOX 1232 MIAMI, FL, 33144-1232

ARTICLE VI REGISTERED AGENT

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

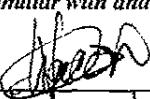
VIOLETA CHACON
421 SW 107 AVE MIAMI, FL, 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

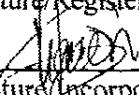
VIOLETA CHACON
P O BOX 1232 MIAMI, FL, 33144-1232

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.


Signature/Registered Agent

07-04-2006

Date


Signature/Incorporator

07-04-2006

Date