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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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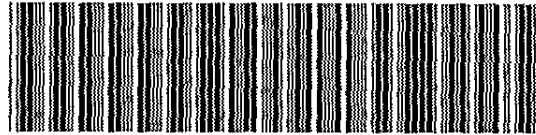
(Business Entity Name)

(Document Number)

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

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FILED  
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)

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**ARTICLE I NAME**

The name of the corporation shall be:

IMAGING DIAGNOSTIC CENTER OF FLORIDA, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

421 SW 107 AVE MIAMI, FL. 33174 (PLACE OF BUSINESS)

P O BOX 1232 MIAMI, FL. 33144 (MAILING ADRESS)

**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**

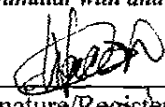
The name and address of the Incorporator is:

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