

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000032230 3)))



H070000322303ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

FLORIDA PROFIT/NON PROFIT CORPORATION

Central Florida Medical Imaging, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

07 FEB -5 PM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Feb. 5. 2007 3:19PM

No. 0692 FILED
07 FEB -5 PM 3:19
H070000322302
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
CENTRAL FLORIDA MEDICAL IMAGING, P.A.**

The undersigned, as incorporator, forms a Professional Service Corporation within the meaning of Florida Statutes, Chapter 621, and the applicable provisions of Florida Statutes, Chapter 607.

ARTICLE I - NAME

The name of the corporation is Central Florida Medical Imaging, P.A. (the "Corporation").

ARTICLE II - ADDRESS

The address of the principal office of the Corporation is 742 W. Plymouth Avenue, DeLand, Florida 32720.

ARTICLE III - PURPOSE

The Corporation is organized, and shall be operated, to render "professional services" within the meaning of Florida Statutes, Chapter 621, in the practice of medicine and each of its sub-specialties as carried on by persons licensed in, or otherwise legally authorized to engage in, such practice in this State.

The Corporation shall render its professional services only through its officers, agents and employees who are duly licensed or otherwise legally authorized within the State of Florida to render the same professional services as the Corporation.

ARTICLE IV - CAPITAL STOCK

The Corporation is authorized to issue 1,000 shares of common stock, all of which shall be of the par value of \$1.00 per share.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Corporation is 742 W. Plymouth Avenue, DeLand, Florida 32720, and the name of its initial registered agent at such address is Hendrik Dinkla, M.D.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of the Corporation shall be one (1), and the name and address of such person who is to serve as the member thereof is:

H07000032230

H07000032230

NAME	ADDRESS
Hendrik Dinkla, M.D.	742 W. Plymouth Ave. Deland, Florida 32720

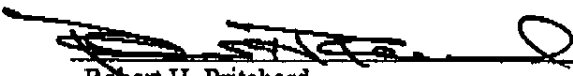
ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is Robert H. Pritchard, 1301 Riverplace Boulevard, Suite 1500, Jacksonville, Florida 32207.

ARTICLE VIII - AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon shareholders herein are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 5th day of February, 2007.


Robert H. Pritchard
Incorporator

H07000032230

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the below named Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is Central Florida Medical Imaging, P.A.
2. The name and address of the registered agent and office are Hendrik Dinkla, M.D., 742 W. Plymouth Avenue, DeLand, Florida 32720.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



Hendrik Dinkla, M.D.,
Registered Agent

Date: Feb 2, 2007

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 FEB - 5 PM 9:42

FILED