

P07000048406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Carolyn Jacobs
AUTHORIZATION BY PHONE TO **GAVE**
CORRECT *Article I*
DATE *4/20/07*
DOC. EXAM *MRD*

Office Use Only



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04/19/07--01024--022 **87.50

MRD
4/20

FILED
07 APR 19 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: College of Medical Imaging, 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: Carolyn Jacobs

Name (Printed or typed)

4611 Highgate Drive, Unit B

Address

Delray Beach, FL 33445-3568

City, State & Zip

646 321-5392

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:

College of Medical Imaging, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4801 Linton Blvd. 11A
Suite 650
Delray Beach, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct research and training in the field of diagnostic imaging.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carolyn Jacobs, 4611 Highgate Drive, Unit B, Delray Beach, FL 33445-3568, President
Robert Jacobs, 4611 Highgate Drive, Unit B, Delray Beach, FL 33445-3568, Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

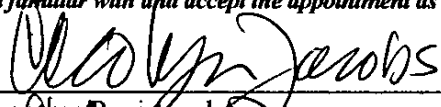
Carolyn Jacobs
4611 Highgate Drive, Unit B
Delray Beach, FL 33445-3568

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carolyn Jacobs
4611 Highgate Drive, Unit B
Delray Beach, FL 33445-3568

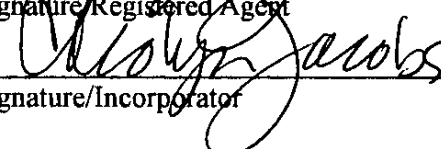
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/16/2007

Date



Signature/Incorporator

4/16/2007

Date

FILED

07 APR 19 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA