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07 JUL 13 AM 10:47

Examiner's Initials

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):			
1. SALMO 112 DIAGNOSTIC CENTER, ING. (Corporation Name) (Document#)			
(Document #)			
(Document #)			
•			
(Document #)			
(Document #)			
Certified Copy			
Photocopy			
•			
AMENDMENTS			
Amendment			
Resignation of R.A., Officer/Director Change of Registered Agent			
Dissolution/Withdrawal			
☐ Merger			
REGISTRATION/QUALIFICATION			
Foreign			
Limited Partnership Reinstatement			
Trademark			
Other			

ARTICLES OF INCORPORATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

07 JUL 13 AM 10: 47

The undersigned Incorporates(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Salmo 112 DIAGNOSTIC CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

35 S.W. 114 AVE. SUITE 202 MIAMI, FL. 33174

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares of stock at \$5.00 each.

ARTICLE IV INITIAL REGISTERES AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
Sabas L. Cruz
15741 S.W. 42 Terr.
Miami, Fl. 33185

ARTICLE V INCORPORATOR(s)

The name(s) and street address(es) of the incorporates(s) to these Articles of Incorporation is(are):

Sabas L. Cruz - President 15741 S.W. 42 Twee Miami, Fl. 33185

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Sabas L. Cruz 15741 S.W. 42 Terr. Miami, Fl. 33185 The undersigned incorporates(s) has (have) executed these Articles of Incorporation this <u>july 9, 2007</u>

President:

SIGNATURE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE RESIGNATED 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I M FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Registered Agent