

# P07000096554

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : XIOMARA LEE, P.A.  
Account Number : I20040000008  
Phone : (305) 262-2323  
Fax Number : (305) 262-2324

## FLORIDA PROFIT/NON PROFIT CORPORATION

ANGIE DIAGNOSTIC & MEDICAL CENTER INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ANGIE DIAGNOSTIC & MEDICAL CENTER INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9600 SW 8TH ST SUITE 17  
MIAMI, FL 33174

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

DIANA VARGAS (PRESIDENT)  
9600 SW 8TH ST SUITE 17  
MIAMI, FL 33174

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

DIANA VARGAS  
9600 SW 8TH ST SUITE 17  
MIAMI, FL 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DIANA VARGAS  
9600 SW 8TH ST SUITE 17  
MIAMI, FL 33174

\*\*\*\*\*

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

X *Diana Vargas*  
Signature/Registered Agent

08/27/2007

Date

X *Diana Vargas*  
Signature/Incorporator

08/27/2007

Date

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