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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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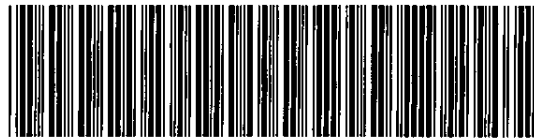
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pe*

## COVER LETTER

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

SUBJECT: Physician Diagnostic and Therapy Services, 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: Michelle L. Guenther

Name (Printed or typed)

2109 Bayshore Blvd #811

Address

Tampa, FL 33606

City, State & Zip

727-415-7687

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2007

MICHELLE L GUENTHER  
2109 BAYSHORE BLVD #811  
TAMPA, FL 33606

SUBJECT: PHYSICIAN DIAGNOSTIC AND THERAPY SERVICES, INC.  
Ref. Number: W07000052148

We have received your document for PHYSICIAN DIAGNOSTIC AND THERAPY SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 707A00061914

# 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:

Physician Diagnostic and Therapy Services, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2109 Bayshore Blvd. #811

Tampa, FL 33606

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide diagnostic and therapy services for physicians and patients.

## ARTICLE IV SHARES

The number of shares of stock is:

100 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHELLE L. GUEATHER - PRESIDENT  
2109 BAYSHORE BLVD #811  
TAMPA, FL 33606

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Michelle L. Guenther  
2109 Bayshore Blvd #811  
Tampa, FL 33606

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


MICHELLE L. GUENTHER  
2109 BAYSHORE BLVD #811  
TAMPA, FL 33606

\*\*\*\*\*

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

10/15/07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/15/07  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA