

P08000045337

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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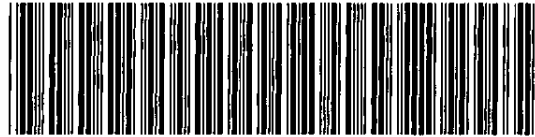
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY -5 PM 12:04

W08000021159

EP 5/6/08

COVER LETTER

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

SUBJECT: INTEGRATED DIAGNOSTIC 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: RAUL CRUZ

Name (Printed or typed)

6381 COW PEN ROAD V-101

Address

MIAMI LAKES, FLORIDA 33014

City, State & Zip

(305) 904-9256

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 MAY -5 AM 8:00
DIVISION OF CORPORATIONS

April 28, 2008

RAUL CRUZ
6381 COW PEN ROAD V-101
MIAMI LAKES, FL 33014

SUBJECT: INTEGRATED DIAGNOSTIC SERVICES, INC.
Ref. Number: W08000021159

We have received your document for INTEGRATED DIAGNOSTIC SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete Article I through VII.

Please return the corrected original and one copy of 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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 008A00025635

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:

INTEGRATED DIAGNOSTIC SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6381 COW PEN ROAD V-101
MIAMI LAKES, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1 One.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RAUL CRUZ 6381 COW PEN ROAD V-101 PRESIDENT.
MIAMI LAKES, FL 33014

ARTICLE VI REGISTERED AGENT

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

RAUL CRUZ 6381 COW PEN ROAD V-101
MIAMI LAKES, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RAUL CRUZ 6381 COW PEN ROAD V-101
MIAMI LAKES, FL 33014

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

Signature/Incorporator

04/17/2008

Date

04/17/2008

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY -5 PM 12:04