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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

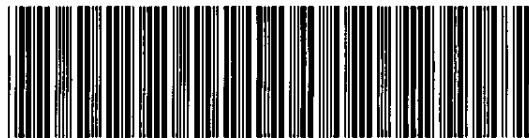
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MR 8/11

RECEIVED  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 AUG -8 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. D. DIAGNOSTIC MOBILE SERVICES,  
(Corporation Name) (Document #)

2. INC  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☒ Pick up time 2.00  
☐ Will wait

☐ Photocopy

☒ Certified Copy  
☐ Certificate of Status

### NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned Incorporator(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:

*D. DIAGNOSTIC MOBILE SERVICES, INC*

### ARTICLE II - PRINCIPAL OFFICE

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

*6858 SW 104 CT  
MIAMI FLORIDA 33173*

### ARTICLE III - SHARES

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

*100*

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*DORA M MARTINEZ  
6858 SW 104 CT  
MIAMI FL 33173*

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ARTICLE V - INCORPORATOR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and street address of the incorporator to these Articles of Incorporation is:

DORA M MARTINEZ  
6858 SW 104 CT  
MIAMI FL 33173

The undersigned incorporator has executed these Articles of Incorporation this 7 day of AUGUST 2008

  
Signature

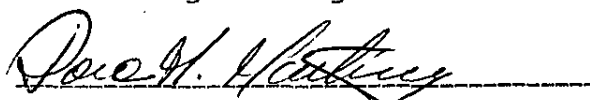
ARTICLE VI- DIRECTOR(S)

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

DORA M MARTINEZ - (President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated 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 am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature