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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

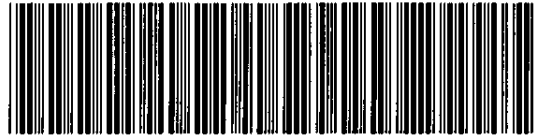
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J Shivers SEP 09 2009

**COVER LETTER**

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

**SUBJECT:** MEDALLION MEDICAL TECHNOLOGIES, 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:** WILLIAM A. KINDORF III  
Name (Printed or typed)

2100 MANCHESTER ROAD, SUITE 950  
Address

WHEATON, IL 60187  
City, State & Zip

630-668-2800  
Daytime Telephone number

BKINDORF@TSMP.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**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:

MEDALLION MEDICAL TECHNOLOGIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

940 Scott Drive  
Marco Island, FL 34145

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sale of medical diagnostic imaging equipment.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 Shares Common Stock, No Par Value

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

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

Ronald J. Ragan, President and CEO, 940 Scott Drive, Marco Island, FL 34145  
Paula Ragan, Director, 940 Scott Drive, Marco Island, FL 34145

**ARTICLE VI REGISTERED AGENT**

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

Ronald J. Ragan  
940 Scott Drive  
Marco Island, FL 34145

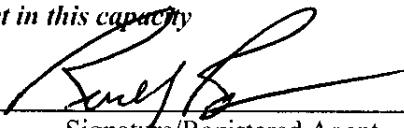
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

William A. Kindorf, III, Esq.,  
Tressler, Soderstrom, Maloney & Priess, LLP,  
2100 Manchester Road, Suite 950, Wheaton, IL 60187

\*\*\*\*\*

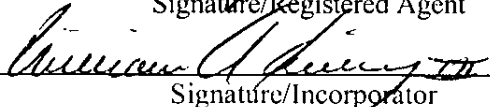
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

9-4-2009

Date



Signature/Incorporator

9-3-2009

Date

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