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10 MAY 24 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5 25 10 \$

COVER LETTER

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

SUBJECT: HERNANDO IMAGING MANAGEMENT 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: Amy L Cox
Name (Printed or typed)

P O Box 2002
Address

Brooksville, FL 34605
City, State & Zip

(813) 477-9994
Daytime Telephone number

amylee509@aol.com
E-mail address: (to be used for future annual report notification)

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:

HERNANDO IMAGING MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

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

Physical Address: Mailing address:

1226 Mariner Blvd.

PO Box 2002

Spring Hill, FL 34609

Brooksville, FL 34605

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGING ULTRASOUND DIAGNOSTIC IMAGING CENTER

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Amy Lee
Cox-President
PO Box 2002
Brooksville, FL 34605

Jeffrey C. Irving-Vice
President
PO Box 2002
Brooksville, FL 34605

ARTICLE VI REGISTERED AGENT

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

Amy L. Cox
8245 Wishbone Road
Brooksville, FL 34602

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Amy L. Cox
PO Box 2002
Brooksville, FL 34605

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

FILED
10 MAY 24 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-12-10

Date

5-12-10

Date