

PH11000045966

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000130675 3)))



H110001306753ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
COMPLETE MEDICAL DIAGNOSTIC SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
11 MAY 12 PM 3:58  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
11 MAY 12 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000130675

11 MAY 12 AM 10:49

**ARTICLES OF INCORPORATION**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Complete Medical Diagnostic Services INC

**ARTICLE II - PRINCIPAL OFFICE**

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

5890 W. 20 Lane  
Hialeah, FL 33016

**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:

Annarella Rivera  
5890 W. 20 Lane  
Hialeah, FL 33016

H11000130675

11 MAY 12 AM 10:56

H11000130675

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V - INCORPORATOR**

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

EVELIN Caridad Garcia  
Annarella Rivera  
5890 W 20 Lane  
Hialeah FL 33016

The undersigned incorporator has executed these Articles of Incorporation this

12 day of May 2011.

\_\_\_\_\_  
Signature

**ARTICLE VI- DIRECTOR (S)**

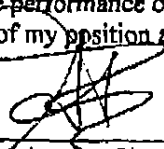
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

(P) Evelin Caridad Garcia  
(V.P) Annarella Rivera  
5890 W. 20 Lane  
Hialeah, FL 33016.

**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

H11000130675