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**FLORIDA PROFIT/NON PROFIT CORPORATION  
GABLES RADIOLOGY ASSOCIATES, P.A.**

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ARTICLES OF INCORPORATION  
OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

Gables Radiology Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

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

115 SW 36 COURT  
Miami FL 33135

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Physician Radiology Group

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

1000

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Carlos J. Piniella M.D.  
115 SW 36 COURT  
Miami FL 33135

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## ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the Initial board of director(s) shall be:

CARLOS J. Piniella M.D.  
115 SW 36 COURT.  
Miami FL 33135

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## ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

CARLOS J. Piniella M.D. (President)  
115 SW 36 COURT.  
Miami FL 33135

## ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

CARLOS J. Piniella M.D.  
115 SW 36 COURT  
Miami FL 33135

The undersigned has (have) executed these Articles of Incorporation this 28 day of  
June, 20 11.

  
Incorporator Signature

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**H11000169953****CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERD OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING 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**RECEIVED  
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