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

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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

Florida Medical Imaging, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS
11 JUL 12 PM 1:49

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SECRETARY OF STATE
TALLAHASSEE, FL 32301
2011 JUL 12 PM 2:30

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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:

FLORIDA MEDICAL IMAGING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7887 S.E. 167TH BURLEIGH PLACE
THE VILLAGES, FLORIDA 32162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT
THOMAS S. MURPHY
7887 S.E. 167TH BURLEIGH PLACE
THE VILLAGES, FLORIDA 32162

DIRECTOR, VICE-PRESIDENT
JOAN C. MURPHY
7887 S.E. 167TH BURLEIGH PLACE
THE VILLAGES, FLORIDA 32162

SECRETARY OF STATE
1600 ALBANY STREET, SUITE 100
TALLAHASSEE, FLORIDA 32310

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PAGE 2 FLORIDA MEDICAL IMAGING, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

THOMAS S. MURPHY
7887 S.E. 167TH BURLEIGH PLACE
THE VILLAGES, FLORIDA 32162

ARTICLE VII INCORPORATOR

The name and street address of the Incorporator is:

THOMAS S. MURPHY
7887 S.E. 167TH BURLEIGH PLACE
THE VILLAGES, FLORIDA 32162

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Thomas S. Murphy
THOMAS S. MURPHY / Registered Agent

07/01/2011
Date

Thomas S. Murphy
THOMAS S. MURPHY / Incorporator

07/01/2011
Date

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