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2011 DEC -9 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Burch DEC 12 2011

COVER LETTER

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

SUBJECT: DOMESTICATION OF REGIONAL IMAGING INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

DR CRAIG RUBIN

Name (printed or typed)

10786 CHARLESTON PLACE

Address

COOPER CITY, FL 33026

City, State & Zip

954-448-3597

Daytime Telephone Number

RUBINLAURA@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, DR CRAIG RUBIN, PRESIDENT
(Name) (Title)

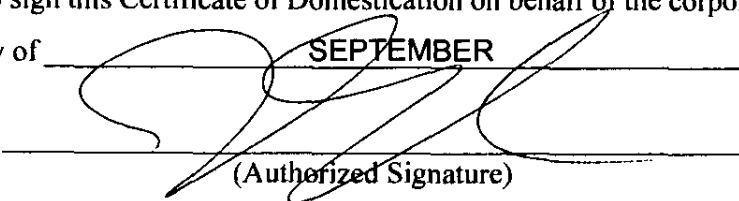
of REGIONAL IMAGING INC a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was AUGUST 22, 2005.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was DELAWARE.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was REGIONAL IMAGING INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is REGIONAL IMAGING INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was DELAWARE.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Dr Craig Rubin, of REGIONAL IMAGING INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 28 day of SEPTEMBER, 2011.


(Authorized Signature)

Filing Fee:

| | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -9 PM 4:44

FILED

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -9 PM 4:44

FILED

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

REGIONAL IMAGING INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

10786 CHARLESTON PLACE
COOPER CITY, FL 33026

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The corporation is formed to conduct and transact all lawful business activities allowed under the laws of the State of Florida.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

7,500 SHARES- COMMON, PAR VALUE- \$1.00

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Dr Craig Rubin, President
10786 Charleston Place
Cooper City, FL 33026

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Dr Craig Rubin
10786 Charleston Place
Cooper City, FL 33026

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Dr Craig Rubin
10786 Charleston Place
Cooper City, FL 33026

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

10-10-11

Date

Signature/Incorporator

10-10-11

Date