

01/28/2031 08:18

#5819 P.001/004

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FLORIDA DEPARTMENT OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION
UNITED HEALTH CARE DIAGNOSTIC CENTER, INC.

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

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March 18, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: UNITED HEALTH CARE DIAGNOSTIC CENTER, INC.
REF: W13000015852

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Valerie Herring
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New Filing Section

FAX Aud. #: H13000060562
Letter Number: 313A00006312

P.O BOX 6327 - Tallahassee, Florida 32314

H130000012002

ARTICLES OF INCORPORATION

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:

United Health Care Diagnostic Center, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

*7175 SW 8 ST
suite 201 Miami, FL. 33144*

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:

*Maridyaxis Pacheco
7175 SW 8 ST. STE. 201
Miami FL 33144*

SECRETARY OF STATE
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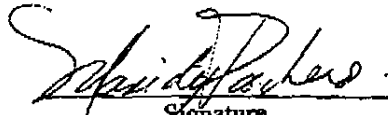
ARTICLE V - INCORPORATOR

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

Maridyaxis Pacheco
71751 SW 8 St. SE. 201
Miami FL 33144

The undersigned incorporator has executed these Articles of Incorporation this

15th day of March 20 13


Signature

ARTICLE VI - DIRECTOR (S)

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

Maridyaxis Pacheco (P)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

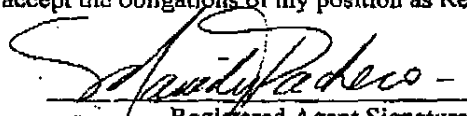
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

/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

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