

06/25/2031 01:23

#5488 P.001/005

A13000065806

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.

(((H13000179838 3)))



H130001798383ABC7

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
DICOMSMART MEDICAL SYSTEMS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

13 AUG 13 AM 11:31

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 AUG 13 PM 2:38

8/17
88

H13000179638

**ARTICLES OF INCORPORATION
OF
DICOMSMART MEDICAL SYSTEMS, INC.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

DICOMSMART MEDICAL SYSTEMS, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate name.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1,000 shares, having an individual par value of \$10.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

Each of the Shareholders covenants and agrees that he will not sell, assign, transfer, donate or otherwise dispose of, or pledge, hypothecate or otherwise encumber any of the shares of the Corporation's stock except upon the prior written consent of the remaining

13 AUG 13 AM 11:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H13000179638

H13000179038

Shareholders.

ARTICLE VI

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Vicente Zuccaro
17913 NW 7 STREET STE 103
PEMBROKE PINES FL 33029

ARTICLE VII

The principal address of this corporation shall be:

17913 NW 7 STREET STE 103
PEMBROKE PINES FL 33029

ARTICLE VIII

The initial Board of Directors shall consist of a total of two (2) people, and the name and address of the person who is to serve as initial director are:

PRESIDENT
VICENTE ZUCCARO
P.O. Box 025323
Miami, Fl 33102-5323

VICE-PRESIDENT
JON A. ZUCCARO
P.O. Box 025323
Miami, Fl 33102-5323

DIRECTOR
KERMAN V. ZUCCARO
P.O. Box 025323
Miami, Fl 33102-5323

SECRETARY
MARIA DE LOS ANGELES ALONSO
P.O. Box 025323
Miami, Fl 33102-5323

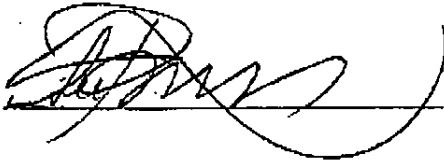
13 AUG 13 AM 11:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The name and address of the incorporator executing these Articles of Incorporation is:
CPC Accounting Services
17913 NW 7TH ST #103
Pembroke Pines, FL 33029

H13000179038

H13000179638

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these
Articles of Incorporation this 30 day of July, 2013.



STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowledgements in the state and
county set forth above, personally **Vicente Zuccaro, Jon Zuccaro, Kerman V. Zuccaro**
and **Maria D. Alonso**, known to me and known by me to be the person (s) who executed
the foregoing Articles of Incorporation. and he (they) acknowledge before me that he
(they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal
in the state and county aforesaid, this 30 day of July, 2013.

NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:

13 AUG 13 AM 11:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H13000179638

H130000179838

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the corporation is:

DICOMSAMRT MEDICAL SYSTEM INC

2. The name and address of the registered agent and office is:

VICENTE ZUCCARO

(NAME)

17913 NW 7TH ST #103

(P.O.BOX NOT ACCEPTABLE)

Pembroke Pines, FL 33029

(CITY/STATE/ZIP CODE)

13 AUG 13 AM 11:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 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 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.

Signature 

Date 07/30/2013

H130000179838