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To:

Division of Corporations

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From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

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# FLORIDA PROFIT/NON PROFIT CORPORATION IMAGEN MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
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### H1 & O O D O 1 3 S S 1

#### 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:

IMAGEN MEDICAL

CENTER INC

#### ARTICLE II – PRINCIPAL OFFICE

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

8181 NW 36 ST SWITE 5-B DORAL FLORIDA 33166

#### ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

#### ES IV - INITIAL REGISTERED AGENT AND STREET **ADDRESS**

The name and address of the initial registered agent is:

ARLEX DIAZ-CAPOTE.

8181 NW 36 ST SUITE 5-B

BORAL FLORIDA 33166

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#### ARTICLE V - INCORPORATOR

Ţ	he name and address of the incorporator to these Articles of Incorporation is:
	ARLEX DIAZ-CAPOTE.
	0181 NUI 26 ST SUITE 3-13
	DORAL FLORIDA 33/66
•	The undersigned incorporator has executed these Articles of Incorporation this

Signature

#### ARTICLE VI- DIRECTOR (S)

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

ARLEX DIAZ-CAPOTE
PRESIDENT

DIVISION OF CORPORATIONS

## 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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