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To:

Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994

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FLORIDA PROFIT/NON PROFIT CORPORATION IMAGING MEDICAL SUPPORT CORP.

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

MD 8/12

14 AUG 11 AM 11: 47

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corpora	Etion shall be: IMAGING MED	ICAL SUPPORT CORP	
	NCIPAL OPFICE Principal street address	Mailing address, if different is	<u> </u>
8100 NW 71	-	· · · · · · · · · · · · · · · · · · ·	
MIAMI, FL			
	30100	92	
ARTICLE III PUR The purpose for which t	POSE the corporation is organized is:		
ANY AND A	LL LAWFUL BUSINE	SS	
·			
ARTICLE IV SHA	ARES 400		
The number of shares of	stock is: 100		
A DAYLOT 10 17 FATE	TIAT ABBICARDS ARTO AND ARRESTMA	ne	
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECTOR FRANCISCO AVENDANO (P/S/D)	-	
	8100 NW 71 STREET	Name and Title:	_
Address		Address:	—
	MIAMI, FL 33166	_	—
Name and Title:	•	Name and Title:	
Address		Address:	
Name and Title	:	Name and Title:	
Address		Address:	_
	· · · · · · · · · · · · · · · · · · ·		-
			_
			_

(conti.)

Name and Title:		Name and Title:		
Address		Address:	<u> </u>	
		·	5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	
			MI: 5	
The name and V	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	Citics manifestament a manas inc		
Name:	FRANCISCO AVENDANO	tine registered agent is:	S S	
Address:	8100 NW 71 STREET	-		
	MIAMI, FL 33166	-		
ARTICLE VII	INCORPORATOR			
The name and a	dress of the Incorporator is:			
Name:	FRANCISCO AVENDANO			
Address:	8100 NW 71 STREET			
	MIAMI, FL 33166			
Having been nan this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corpor istered agent and agree to a	ation at the place designated in ct in this capacity	
	Author		AUG. 08, 2014	
	Required Signature/Registered Agent		Date	
I submit this document to the	ument and affirm that the facts stated herein are Department of Singe constitutes a third degree felon	true. I am aware that the fi v as provided for in s.817.15	ilse Information submitted in a	
	Acudoso		AUG. 08, 2014	
	Required Signature-Incorporator		Date	