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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)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION NATIONWIDE DIAGNOSTIC CENTER CORP

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

JUL 21 2017

T. SCOTT

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

A 3
NationWIDE DiagNostic Center CORB
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
955-ASW 87 avenue NiaN: FL 32174
100
ARTICLE DI SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
PURI R Villa (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
955-A SW 87 AVENUE
MIAMI FL 33174
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
YURI R NOHA
955-A SW 87 GURNUE
MIAMY FC 33174
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## Required Signatures:

Having been named as registered agent 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

Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817/165, F.S.

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