

To: Page of 4  
1954208395 From: Ranae McGraw  
Division of Corporations  
Florida Department of State  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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Account Number : FCA000000023  
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2018 SEP 10 PM 1:14

INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**InSight Medical Group, P.A.**

Certificate of Status	0
Certified Copy	1
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2018 SEP 10 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF INCORPORATION  
OF  
InSight Medical Group, P.A.**

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

**ARTICLE I  
Name**

The name of the corporation is InSight Medical Group, P.A. (the "Corporation").

**ARTICLE II  
Principal Office and Mailing Address**

The Corporation's mailing address and principal place of business are:

765 E. Route 70  
Building A  
Marlton, New Jersey 08053

**ARTICLE III  
Nature of Business**

The purpose of the Corporation is to engage in the profession of medicine through its duly licensed officers, employees and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

**ARTICLE IV  
Capital Stock**

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$.01 per share.

**ARTICLE V  
Initial Registered Agent and Office**

The street address of the Corporation's initial registered office is 1200 South Pine Island Road, Plantation, Florida 33324, and the name of the Corporation's initial registered agent at that address is CT Corporation System.

**ARTICLE VI**  
**Incorporator**

The name and address of the incorporator are:

Name

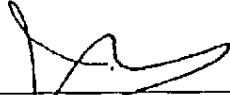
Address

James R. Varrell, M.D.

765 E. Route 70  
Building A  
Marlton, New Jersey 08053

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.*

Dated this 7th day of September, 2018.

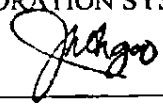
  
\_\_\_\_\_  
James R. Varrell, M.D.  
Incorporator

**ACCEPTANCE BY REGISTERED AGENT**

*Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Dated this 7<sup>th</sup> day of Sept, 2018.

CT CORPORATION SYSTEM

  
By: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: Judith Argao  
Vice President  
and Assistant Secretary