

(SAMPLE LETTER OF TRANSMITTAL)

P45000003556

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

700001378517
-01/12/95--01088--014
***122.50 ***122.50

Re: National Medical Imaging, Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Susan C. Slawek
(individual's name)

National Medical Imaging
(name of corporation)

FILED
55 JAN 12 AM 11:13
TALLAHASSEE, FLORIDA

1/13/95

MAILING ADDRESS OF CORPORATION		
National Medical Imaging		
309 NE 3 rd Ave		
Darien FL 33004		
PHONE		
1305	921-0909	
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

National Medical Imaging Inc.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

NATIONAL MEDICAL IMAGING INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Thousand shares (1000) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>National Medical Imaging</u>		
ADDRESS	<u>309 NE 3rd Ave</u>		
CITY	<u>Dania</u>	FLORIDA	ZIP <u>33004</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>SUSAN WALKER, Esq.</u>		
ADDRESS	<u>309 NE 3rd Ave</u>		
CITY	<u>Dania</u>	FLORIDA	ZIP <u>33004</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>PAUL P. SLAWEK III</u>		
ADDRESS	<u>309 NE 3rd Ave.</u>		
CITY	<u>Dania</u>	STATE	ZIP <u>33004</u>
NAME	<u>Amy SLAWEK, Esq.</u>		
ADDRESS	<u>4118 Presidential Drive</u>		
CITY	<u>LAFAYETTE HILL</u>	STATE <u>PA</u>	ZIP <u>19444</u>
NAME	<u>PETE SLAWEK, MD.</u>		
ADDRESS	<u>309 NE 3rd Ave</u>		
CITY	<u>Dania</u>	STATE <u>Florida</u>	ZIP <u>33004</u>

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	SUSAN C. SLAWEK,		
ADDRESS	309 NE 3 rd Ave		
CITY	DANIA	STATE	Florida ZIP 33004
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 27th day of December, 1994.

Susan C Slawek (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
) SS
 COUNTY OF _____)

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 19____.

Notary Signature

Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

National Medical Imaging Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 309 NE 3rd AVE
DANIA Florida 33004

has named SUSAN WALKER, Esq.

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Susan Walker Esq.
(registered agent)

FILED
95 JAN 12 AM 11:14
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003556

1. Corporation Name

NATIONAL MEDICAL IMAGING INC.

FILED

96 NOV -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

309 N.E. 3RD AVENUE
DANIA FL 33004

Mailing Address

309 N.E. 3RD AVENUE
DANIA FL 33004



If above addresses are incorrect in any way line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

State Apt # etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

State Apt # etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1995

5. FEI Number

65-0547966

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D.	SLAWEK, PAUL P III	309 N.E. 3RD AVE.	DANIA FL 33004
D.	SLAWEK, AMY	4118 PRESIDENTIAL DR.	LAFAYETTE HILL PA 19444
D.	SLAWEK, PETE	309 N.E. 3RD AVENUE	DANIA FL 33004

8. Name and Address of Current Registered Agent

WALKER, SUSAN
309 N.E. 3RD AVE.
DANIA FL 33004

9. Name and Address of New Registered Agent

Name SUSAN WALKER
Street Address (P.O. Box Number is Not Acceptable)
~~7050 NW 4TH ST~~
Suite 202
City PLANTATION State FL Zip Code 33317

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

S. Walker

REGISTERED AGENT MUST SIGN

Date 9/18/96
400001397004-1

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

11/05/96 01193 022-
****325000000000
(Indicate information on
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Walker

10/28/96
9/16/96

Date

584-4850

584-4850

Daytime Phone #