

TRANSMITTAL LETTER

Department of State
Division of Corporate Affairs
P. O. Box 327
Tallahassee, FL 32314

995000017226

95 MAR -2 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001419614
-03/02/95--01090--008
****122.50 ****122.50

SUBJECT: O S DIAGNOSTIC MEDICAL GROUP INC

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75 ☒ \$122.50 ☐ \$131.25

FROM:

Oreste Castillo

Name (printed or typed)

11159 N.W. 1st Terrace

Address

Miami, Florida. 33172

City, State & Zip

(305) 220-3702

Daytime Telephone number

3/3/95
[Signature]

NOTE: Please provide the original and one copy of the articles.

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:

O S DIAGNOSTIC MEDICAL GROUP INC

ARTICLE II PRINCIPAL OFFICE

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

Place of business: 3485 W. Flagler Street Suite 300
Miami, Florida. 33135.

Mailing Address: 11159 N.W. 1st Terrace, Miami, Fl. 33172

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock having a par value of \$1.00 (one dollar) per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

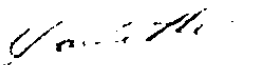
The name and address of the initial registered agent is: ORESTE CASTILLO
11159 N.W. 1st Terrace. Miami, Florida. 33172

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): Oreste Castillo- 11159 N.W. 1st Terrace, Miami, FL 33172

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of February, 1995.



Signature

Oreste Castillo

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

TALLAHASSEE, FLORIDA
 SECRETARY OF STATE
 51111-2 PII 3-00

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: O S DIAGNOSTIC MEDICAL GROUP INC

2. The name and address of the registered agent and office is:

ORESTE CASTILLO

(Name)

11159 N.W. 1st Terrace

(P.O. Box not acceptable)

Miami, Florida. 33172

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Oreste Castillo
(Signature)

Oreste Castillo

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

DEBIT MEMORANDUM

FOR OFFICIAL USE

TO :
DEPARTMENT OF STATE

DATE

NUMBER

P95000017726

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,660.00	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,660.00	OTHER	4

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	4	200.00
12	45-20-2-130001-45300000-00-000100-00	1	263.75
12	45-20-2-130001-45300000-00-000100-00	4	375.00
12	45-20-2-130001-45300000-00-000100-00	1	576.25

GRAND TOTAL: \$ 1,660.00

Process Date: 03/07/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

RECEIVED
MAR 17 PM 1:45



GOOD CARE MEDICAL CLINIC, INC.
305-857-0668
1762 CORAL WAY
MIAMI, FL 33145

3 - 1 - 12

63.388/670
48

1295

PAY TO THE
ORDER OF

SPENDING ACCOUNT

\$ 122.50

CLIENT

UNCOLLECTED

ENDORSEMENT



227-449
2200 West Poydras Street
New Orleans, LA 70112

FOR DEPOSIT PAGE 10

⑆001295⑆ ⑆067003985⑆

1596330838⑆

⑆0000012250⑆

Mac Lane

PT OF STATE 4500453
FOR DEPOSIT ONLY
03/02/95--01090--008
-----*****122.50

20
06 142577 2056 06 142577 03-03 JAX FL 13
X06 800-5239498>063000047< BARNETT JAX



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 22, 1995

Good Care Medical Clinic, Inc.
1762 Coral Way
Miami, FL 33145

SUBJECT: O S DIAGNOSTIC MEDICAL GROUP INC.
Ref. Number: P95000017726

Debit Memo #: 52906-A

This is to inform you that your check #1295 dated March 1, 1995 in the amount of \$122.50 and submitted for O S DIAGNOSTIC MEDICAL GROUP INC. has been returned to us by your bank because of Account Closed.

We request that you remit a cashier's check or money order in amount of \$137.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 095A00012835

cc: O S Diagnostic Medical Group, Inc.
3845 West Flagler St., Suite 100
Miami, Florida 33135



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 1, 1995

Good Care Medical Clinic, Inc.
1762 Coral Way
Miami, FL 33145

SUBJECT: O S DIAGNOSTIC MEDICAL GROUP INC.
Ref. Number: P95000017726

Debit Memo #: 52906-A

Due to your failure to respond to our previous letter advising you of the returned check #1295, the Articles of Incorporation for O S DIAGNOSTIC MEDICAL GROUP INC. have been cancelled and are considered not filed as of May 1, 1995.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 495A00020524

cc: O S Diagnostic Medical Group, Inc.
3845 West Flagler St., Suite 100
Miami, Florida 33135

P950000 157 26



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

LETTER MAILED 2ND TIME
DUE TO INCORRECT ADDRESS.

May 16, 1995

MI.

Good Care Medical Clinic, Inc.
1762 Coral Way
Miami, FL 33145

SUBJECT: O S DIAGNOSTIC MEDICAL GROUP INC.
Ref. Number: P95000017726

Debit Memo #: 52906-A

This is to inform you that your check #1295 dated March 1, 1995 in the amount of \$122.50 and submitted for O S DIAGNOSTIC MEDICAL GROUP INC. has been returned to us by your bank because of Account Closed.

We request that you remit a cashier's check or money order in amount of \$137.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 095A00012835

cc: O S Diagnostic Medical Group, Inc.
3485 West Flagler St., Suite 100
Miami, Florida 33135



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 20, 1995

Good Care Medical Clinic, Inc.
1762 Coral Way
Miami, FL 33145

SUBJECT: O S DIAGNOSTIC MEDICAL GROUP INC.
Ref. Number: P95000017726

Debit Memo #: 52906-A

Due to your failure to respond to our previous letter advising you of the returned check #1295, the Articles of Incorporation for O S DIAGNOSTIC MEDICAL GROUP INC. have been cancelled and are considered not filed as of June 20, 1995.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 495A00030195

cc: O S. Diagnostic Medical Group, Inc.
3485 West Flagler St., Suite 100
Miami, Florida 33135