

P95000043702

FILED
95 MAY 30 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diagnostics-In-Motion
OF SOUTH FLORIDA, INC.

1451 Cypress Creek Rd.

Suite 349

Ft. Lauderdale, Fl. 33309

OFFICE USE ONLY

300001501553
-05/30/95--01065--004
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. Florida Medical Systems, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

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:

Florida Medical Systems, Inc.

Article II Principal Office

The principal place of business and mailing address shall be:

1451 Cypress Creek Rd.
Suite 300
Ft. Lauderdale, FL 33309

Article III Shares

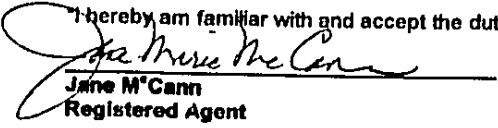
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
300

Article IV Initial Registered Agent and Street Address

The registered agent, place of business and mailing address of the this corporation shall be:

Jane M'Cann
1451 Cypress Creek Rd.
Suite 300
Ft. Lauderdale, FL 33309

"I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation."


Jane M'Cann
Registered Agent

Article V Incorporators

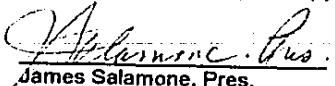
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

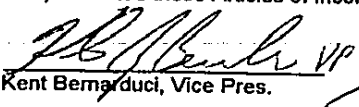
James Salamone
12280 NW 30th Pl.
Sunrise, FL 33323
President

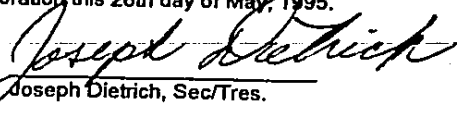
Kent Bernaduci
9285 Affirmed La.
Boca Raton, FL 33496
Vice President

Joseph Dietrich
10339 NW 16th Ct.
Coral Springs, FL 33071
Secretary/Treasurer

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26th day of May, 1995.


James Salamone, Pres.


Kent Bernaduci, Vice Pres.


Joseph Dietrich, Sec/Tres.

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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 # **P95000043702**

1. Corporation Name

FLORIDA MEDICAL SYSTEMS, INC.

Principal Place of Business

1451 CYPRESS CREEK RD.
STE 300
FT. LAUDERDALE FL 33309

Mailing Address

1451 CYPRESS CREEK RD.
STE 300
FT. LAUDERDALE FL 33309

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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*****383.75 *****383.75

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1995

5. FEI Number

65-0585308

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Application 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
PD	SALAMONE, JAMES	12280 NW 30TH PL	SUNRISE FL 33323
VD	BERNARDUCI, KENT	9285 AFFIRMED LA.	BOCA RATON FL 33486
ST	DIETRICH, JOSEPH	16838 NW 16TH ST.	CORAL SPRINGS FL 33071
ST	MCCANN, JANE	12280 NW 30 PLACE	SUNRISE FL 33323

REINSTATEMENT

8. Name and Address of Current Registered Agent

MCCANN, JANE
1451 CYPRESS CREEK RD.
STE 300
FT. LAUDERDALE FL 33309

address change only

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12280 NW 30 PLACE

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/29/96

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

(See other side for information
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)(i), 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]

9-26-96