P95000043702

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

Diagnostics-In-Motion
OF SOUTH FLORIDA, INC.
1451 Cypress Creek Rd.
(Address)
Suite 349
(City, State, Zip) (Phone #)
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

CR2E031(10/92)

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

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 Bernarduci
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 Bernarduci, Vice Pres.

Joseph Dietrich, Sec/Tres.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV -1 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001998325--8
-11/07/96--01005--024
****383.75 ****383.75

DOCUMENT # P95000043702

1. Corporation Name

FLORIDA MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
1451 CYPRESS CREEK RD. STE 300 FT. LAUDERDALE FL 33309	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

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 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P D	SALAMONE, JAMES	12280 NW 30TH PL	SUNRISE FL 33323
V D	BERNARDUCI, KENT	9285 AFFIRMED LA.	BOCA RATON FL 33496
~~ST~~	~~DIETRICH, JOSEPH~~	~~10030 NW 16TH CT.~~	~~CORAL SPRINGS FL 33071~~
ST	MCCANN, JANE	12280 NW 30 PLACE	SUNRISE FL 33323

REINSTATEMENT 96
11/04/96

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

CR2E040 (7/96)

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: Jane Marie McCann
REGISTERED AGENT MUST SIGN
Date: 10/29/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under 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: JSA Salamone ✓ 9-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR