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(CORPORATION NAM	IE(s) & DOCUMENT NUMB	BER(S) (if known):			
	1.	DINGNOSTIC	(Document #)			
	(Corporati	on Name)	(Document #)			
•	2. [Corporation Name)		(Document #)			
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	NEW FILINGS	AMENDMENTS				
7	Profit	Amendment				
L	NonProfit	Resignation of R.A., Officer/D	Director			
	Limited Liability	Change of Registered Agent				
	Domestication	Dissolution/Withdrawal				

Examiner's Initials

CR2E031(10/92)

Other

OTHER FILINGS

Annual Report

Fictitious Name

Name Reservation

Merger

Foreign

Other

REGISTRATION/

QUALIFICATION

Limited Partnership

Reinstatement Trademark

ARTICLES OF INCORPORATION

OF

K.M.R.DIAGNOSTIC EQUIPMENT INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

K.M.R.DIAGNOSTIC EQUIPMENT INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Martha Rodriguez

999 S. Bayshore Drive #1503 Miami, F1 33131

The Principal office shall be:

999 S. Bayshore Drive #1503 Miami, F1 33131

ARTICLE VI

The initial Board of Directors shall consist of a total of two (?) person, and the name and address of the person who is to serve as an initial director is:

Martha Rodriguez

President/Secretary

Kenia Rodriguez

Vice-President/Treasurer

999 S. Bayshore Drive #1503

Miami, Fl 33131

The name and address of the incorporator executing these Articles of Incorporation is:

Martha Rodriguez

Renia Rodriguez

999 S. Bayshore Drive #1503 Miami, F1 33131

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this ____8 day of ______, 19_95_.

STATE OF FLORIDA) SS.

DL.#M520-540-51-530

COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally
appeared Martha Rodriguez known to me and
known by me to be the person(s) who executed the foregoing
Articles of Incorporation, and he (they) acknowledge before
me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 8 day of August , 19 95.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission- Expires:

CARMEN S. MORALES

Notary Public, State

Mycomyn. expires March 31, 1997

Comm. No. CC 273265

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 Fiorida.

he name of the corporation is:	K.M.R. D	AGNOSTIC	EQUIPMENT	INC		
		···········				
he name and address of the regi	istered agen	and office is	S:			
	_					
Martha Rodriguez						
(NAME)						
999 S. Baysho						
(P.O. BOX <u>NOT</u> ACCEPTABLE)						
Miami, F1 331	131					
	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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

8-8-95 DATE_

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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS TO:

FAX #1: (904) 92E 4000

FROM: FAS-T CORP. AGENTS, INC. CONTACT: LIDIA FERNANDEZ

071001002335 ACCT#1

PHONE: (205) 599-0839

FAX N: (305)716-0346 '

NAME: K.M.R. DIAGNOSTIC EQUIPMENT INC.

AUDIT NUMBER..... H97000007454 DUC TYPE..... BASIC AMENDMENT CERT. OF STATUS. 0

PAGES.....

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EST. CHARGE... 135.00

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** ENTER 'M' FOR MENU. **



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sucretary of State

May 6, 1997

K.M.R. DIAGNOSTIC EQUIPMENT INC. 10300 SUNSET DR. 470 F MIAMI, FL 33173

SUBJECT: K.M.R. DIAGNOSTIC EQUIPMENT INC. REF: P95000061839

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please remove the comma from the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris Corporate Specialist FAX Aud. #: H97000007454 Letter Number: 997A00023856 5706797

FLORIDA DIVIGION DE CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

1:31 PM

(((H97000007454 6)))

DIVISION OF CORPORATIONS TO:

FAX #1 (904)922-4000

FROM: FAS-T CORP. ADENTS, INC.

ACCT#1 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839

FAX #1 (305)716-0346 1

NAME: K.M.R. DIAGNOSTIC EQUIPMENT INC.

AUDIT NUMBER.....H97000007454 DUC TYPE......BASIC AMENDMENT CERT. OF STATUS. 0 CERT. COPIES.....0

PAGES..... DEL.METHOD.. FAX

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** ENTER 'M' FOR MENU. **

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ARTICLES OF AMENDMENT

OF

K.M.R. DIAGNOSTIC EQUIPMENT INC.

We, the undersigned stockholders and directors of K.M.R. DIAGNOSTIC EQUIPMENT, INC., a corporation organized under the laws of the State of Florida hereby certify as follows:

ARTICLE 1

The name of the corporation is:

K.M.R. DIAGNOSTIC EQUIPMENT INC.

ARTICLE II

The Articles Of Incorporation are hereby amended by the following resolution adopted both by the Board of Directors and the Shareholders:

IT IS RESOLVED AS FOLLOWS:

The Articles of Incorporation shall be amended to remove MARTHA RODRIGUEZ as President, Secretary and Director and remove KENIA RODRIGUEZ as Treasurer and Director and to add MIGUEL CARMONA as President, Secretary, Treasurer and Director effective April 7, 1997.

The foragoing resolution was adopted by the Board of Directors and the Shareholders at a Special Joint meeting held on April 1997 and was approved by the majority of of the Corporation's shareholders. Such majority is sufficient for approval.

IN WITNESS WHEREOF, the undersigned has made, subscribed and acknowledged these Articles of Amendment this day of April, 1997.

The Corporate address is 10300 SWSET Seve, Suite 470F

MIGUEL CARMONA

President, Director and

Shareholder

Prepared by: Raul D. Cabrera. Esq. 4201 S.W. 11 Street

(305) 567-1900

Miami, Florida 33134 Fla. Bar No. 869090

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STATE OF FLORIDA)
COUNTY OF DADE)

I HEREBY CERTIFY that on the ______ day of April, 1997, personally appeared before me, an authorized officer duly commissioned to administer oaths and take acknowledgments,

MIGUEL CARMONA

to me well known and known to me to be the person(s) who executed the foregoing ARTICLES OF AMENDMENT and who acknowledged that it was signed and executed for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Miami, Dade County, Florida, the day and year first above written.

NOTARY PUBLIC, State of Florida -At Large-

My Commission Expires:

