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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
400 EAST DAINES STREET  
TALLAHASSEE, FL 32399

FROM: FAG-T CORP. AGENTS, INC.  
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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: MEDICAL AND DIAGNOSTIC CENTER, INC.

FAX AUDIT NUMBER: H96000000399

CURRENT STATUS: REQUESTED

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1/9/96

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95 JAN -9 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

96 JAN -9 PM 1:05

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**ARTICLE OF INCORPORATION  
OF**

**MEDICAL AND DIAGNOSTIC CENTER, INC.**

FILED  
95 JAN -9 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: MEDICAL AND DIAGNOSTIC CENTER, INC.

The principal place of business of this corporation shall be:

1490 W. 49 St. Suite 390  
Hialeah, FL 33012

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00= \$ 1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Prepared by: Basic Accounting Service  
692 W. 29th St., Suite 9  
Hialeah, FL 33012  
(305) 887-4185

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**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Nelson Rasse	Director
10 SW. 130 AVE.	
Miami, Fl. 33184	
Norma Rasse	Director
10 SW. 130 Ave.	
Miami, Fl. 33184	

**ARTICLE VI INCORPORATOR(S)**

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

Nelson Rasse	President
10 SW. 130 Ave.	50 shares
Miami, Fl. 33184	
Norma Rasse	Sec. & Treasurer
10 SW. 130 Ave.	50 shares
Miami, Fl. 33184	

The undersigned has(have) executed these Article of Incorporation this 8 th. day of January, 19 96.

  
Signature/Title

  
Signature/Title

\_\_\_\_\_  
Signature/Title

**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 Florida.

1. The name of the corporation is: \_\_\_\_\_

\_\_\_\_\_ MEDICAL AND DIAGNOSTIC CENTER, INC. \_\_\_\_\_

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

is \_\_\_\_\_ NELSON RASSE \_\_\_\_\_

(Name)

\_\_\_\_\_ 10 SW. 130 AVE. \_\_\_\_\_

(P. O. BOX NOT ACCEPTABLE)

\_\_\_\_\_ MIAMI, FL 33184 \_\_\_\_\_

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

1-8-96