

P96000033852

M. R. I. Institute, Inc.  
P.O. Box 600566  
Miami, Florida 33160

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
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☐ Certified Copy

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☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
95 APR 4 PM 4:05  
STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

4-2-96

Dmc 4/2/96



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State

April 10, 1996

M.R.I. INSTITUTE, INC.  
P.O. BOX 600566  
MIAMI, FL 33160

SUBJECT: MRI INSTITUTE, INC.  
Ref. Number: W96000007780

We have received your document for MRI INSTITUTE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The registered agent must sign accepting the designation.

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) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 796A00016505

*ENCLOSED IS THE RA DESIGNATION.  
YOU HAVE THE FILING FEES CHECK.*

ARTICLES OF INCORPORATION  
OF  
MRI INSTITUTE, INC.

FILED  
96 APR 17 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, F.S. Chap. 607, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

EFFECTIVE DATE

4.2.96

The name of the incorporation shall be: MRI INSTITUTE, INC.

The principal place of business of this corporation shall be:

MRI INSTITUTE, INC.  
PO BOX 600566  
MIAMI, FLORIDA 33160

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: CAPITOL STOCK

The aggregate number of shares and its par value that this corporation is authorized to have outstanding at any one time is:

1,000 @ \$1.00 par value

ARTICLE IV: TERM OF EXISTENCE

This corporation is to exist perpetually from 2 APRIL 1996.

ARTICLE V: OFFICERS AND DIRECTORS

The name(s) and street address(es) of the initial director(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):

ALBERT HIRSCH, PRES. AND DIRECTOR  
PO BOX 600566  
MIAMI, FLORIDA 33160

ARTICLE VI: NAME AND ADDRESS OF INCORPORATOR

The name and address of the incorporator to this document is:

ALBERT HIRSCH, PRES. AND DIRECTOR  
PO BOX 600566  
MIAMI, FLORIDA 33160

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 2nd day of APRIL, 1996.

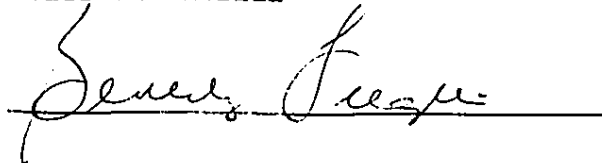
  
ALBERT HIRSCH

SIGNATURE ACKNOWLEDGEMENT

STATE OF FLORIDA  
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn before me this 2nd day of APRIL, 1996, by ALBERT HIRSCH, who is personally known to me, as incorporator for MRI INSTITUTE, INC.

NOTARY PUBLIC  
State of Florida



My commission expires:



**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**  
96 APR 14 PM 4:05  
SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

Pursuant to the provision of Florida Statute § 607.0501, 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: MRI INSTITUTE, INC.
2. The name and address of the registered agent and office is (P.O. Box is not acceptable):  
Albert Hirsch  
11401 Pines Blvd., #105  
Pembroke Pines, FL 33026

Signature: *Albert Hirsch*  
Corporate officer

Title: President

Date: 4/15/96

Having been named as Registered Agent and to accept service of process for the above-named 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.

Signature: *Albert Hirsch*

Date: 4/15/96