

P96000066446

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite J, Tallahassee, FL 32301, (904) 224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RECEIVED

96 AUG -9 PM12:15

SEC. OF CORP. DIV.  
TALLAHASSEE, FLORIDA

AL JUL - 9 1996

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY \_\_\_\_\_

WALK-IN Will Pick Up VI 12:00

RE: Diagnostic Contact  
West Coast Inc

C.C. FEE. DISBURSED

|                                                                    |       |       |
|--------------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Capital Express™                          | _____ | _____ |
| <input checked="" type="checkbox"/> Art. of Inc. Filing            | _____ | _____ |
| <input type="checkbox"/> Corp. Record Search                       | _____ | _____ |
| <input type="checkbox"/> Ltd. Partnership Filing                   | _____ | _____ |
| <input type="checkbox"/> Foreign Corp. Filing                      | _____ | _____ |
| <input checked="" type="checkbox"/> ( ) Cert. Copy(s) <u>photo</u> | _____ | _____ |
| <input type="checkbox"/> Art. of Amend. Filing                     | _____ | _____ |
| <input type="checkbox"/> Dissolution/Withdrawal                    | _____ | _____ |
| <input type="checkbox"/> C U S.                                    | _____ | _____ |
| <input type="checkbox"/> Fictitious Name Filing                    | _____ | _____ |
| <input type="checkbox"/> Name Reservation                          | _____ | _____ |
| <input type="checkbox"/> Annual Report/Reinstatement               | _____ | _____ |
| <input type="checkbox"/> Reg. Agent Service                        | _____ | _____ |
| <input type="checkbox"/> Document Filing                           | _____ | _____ |
| <input type="checkbox"/> Corporate Kit                             | _____ | _____ |
| <input type="checkbox"/> Vehicle Search                            | _____ | _____ |
| <input type="checkbox"/> Driving Record                            | _____ | _____ |
| <input type="checkbox"/> Document Retrieval                        | _____ | _____ |
| <input type="checkbox"/> UCC 1 or 3 Filing                         | _____ | _____ |
| <input type="checkbox"/> UCC 11 Search                             | _____ | _____ |
| <input type="checkbox"/> UCC 11 Retrieval                          | _____ | _____ |
| <input type="checkbox"/> File No.'s, _____ Copies                  | _____ | _____ |
| <input type="checkbox"/> Courier Service                           | _____ | _____ |
| <input type="checkbox"/> Shipping/Handling                         | _____ | _____ |
| <input type="checkbox"/> Phone ( ) _____                           | _____ | _____ |
| <input type="checkbox"/> Top Priority                              | _____ | _____ |
| <input type="checkbox"/> Express Mail Prep.                        | _____ | _____ |
| <input type="checkbox"/> FAX ( ) _____ pgs.                        | _____ | _____ |

SUBTOTALS

|                                |          |
|--------------------------------|----------|
| FEE.....                       | \$ _____ |
| DISBURSED.....                 | \$ _____ |
| SURCHARGE.....                 | \$ _____ |
| TAX on corporate supplies..... | \$ _____ |
| SUBTOTAL.....                  | \$ _____ |
| PREPAID.....                   | \$ _____ |
| BALANCE DUE.....               | \$ _____ |

RECEIVED  
96 AUG -9 AM 10:06  
DIVISION OF CORPORATION

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

## Articles of Incorporation

96 AUG - 9 PM 12:15

1. The name of the corporation shall be:

DIAGNOSTIC CENTER OF WEST COAST, INC.

2. The principal place of business and mailing address of the corporation is:

2297 EAST TAMMAMI TRAIL (RVA) Naples, Florida 34110

3. The corporation shall have the authority to issue 10,000 share of stock.

4. The registered agent of the corporation is Rodolfo Sicano and the registered street address 5400 Golden Gate Hwy #19 Naples, Florida 33999.

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Rodolfo Sicano 5400 Golden Gate Hwy #19  
Naples FL 33999

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Rodolfo Sicano whose street address is 5400 Golden Gate Hwy #19 Naples, FL 33999

Dated 8/8/96

X   
Incorporator

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date 8/8/96

  
Registered Agent