

8/28/96  
H96000012038  
FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (904) 922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-0839

ACCT#: 071001002335

FAX #: (305) 592-9591

NAME: DIAGNOSIS MEDICAL RADIOLOGY, INC.  
AUDIT NUMBER.....H96000012038  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
CERT. OF STATUS..1 PAGES..... 3  
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TALLAHASSEE, FLORIDA

8/29

**ARTICLES OF INCORPORATION****OF****DIAGNOSIS MEDICAL RADIOLOGY, INC.****FILED**  
**96 AUG 28 PM 4:51**  
**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: **DIAGNOSIS MEDICAL RADIOLOGY, INC.**

The principal place of business of this corporation shall be: 2267 Coral Way Suite #420  
Miami, FL 33145

**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: 1,000 Shares

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

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

PRESIDENT: Emilio Fuentes      2267 Coral Way Suite #420  
Miami, FL 33145

Prepared by: Emilio Fuentes  
2267 Coral Way Suite #420  
Miami, FL 33145  
(305) 288-6254

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Emilio Fuentes 2267 Coral Way Suite #420  
Miami, FL 33145

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 28th day of August, 1996

Signature(s) of Incorporator(s)

Emilio Fuentes  
\_\_\_\_\_  
\_\_\_\_\_

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

Pursuant to the provisions of Section 607.325, 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: \_\_\_\_\_

\_\_\_\_\_  
DIAGNOSTIS MEDICAL RADIOLOGY, INC.

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

\_\_\_\_\_  
Emilio Fuentes 2267 Coral Way Suite #420  
(P.O. BOX NOT ACCEPTABLE)

\_\_\_\_\_  
Miami, FL 33145

\_\_\_\_\_  
(CITY/STATE/ZIP)

SIGNATURE Emilio Fuentes  
(corporate officer)

TITLE PRESIDENT

DATE 08/28/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Emilio Fuentes

DATE 08/28/96

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TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: