

P96000073330

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 8327  
Tallahassee, FL 32314

800001937116  
-03/30/96--01078--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: SPINAL NET DIAGNOSTIC IMAGING CO.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70.00.

FROM:

MORRIS KLEINMAN  
Name  
3915 NW 75th TER  
Address  
LAUDERHILL FLA  
City, State, & Zip  
(954) 742-7448  
Telephone Number

FILED  
96 AUG 30 AM 8:35  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

'SEP 5 1996' BSB

Note: Additional copy of articles is needed only when certified copy is requested.

**ARTICLES OF INCORPORATION**

**OF**

SPINALNET DIAGNOSTIC IMAGING CO., INC.

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

**ARTICLE I NAME**

The name of the corporation shall be:

SPINALNET DIAGNOSTIC IMAGING CO., INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

3915 NW 75<sup>th</sup> TERRACE  
LAUDERHILL FLA 33319

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1500

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

MORRIS KLEINMAN 3915 NW 75 TER  
LAUDERHILL FLA 33319

FILED  
30 AUG 30 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

MORRIS KLEINMAN	] 3915 NW 15 <sup>TH</sup> TER LAKEDALE FLA 33319
SYLVIA KLEINMAN	
ALAN KLEINMAN	

The undersigned has(have) executed these Articles of Incorporation this

20 day of August, 1996.

Morris Kleinman - Pres  
Signature/Title

Sylvia Kleinman Sec  
Signature/Title

Alan Kleinman V.P.  
Signature/Title

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

Pursuant to the provisions of section 607.0501, 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: SPINNAKET DIAGNOSTIC IMAGING CO.

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

MORRIS KLEINMAN

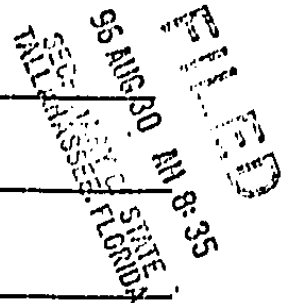
(NAME)

3915 NW 75TH TER

(P.O. BOX NOT ACCEPTABLE)

LAUDERHILL FLA 33319

(CITY/STATE/ZIP)



SIGNATURE Morris Kleinman

(corporate officer)

TITLE PRES.

DATE 8-28-96

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.

SIGNATURE Morris Kleinman

DATE 8-28-96

REGISTERED AGENT FILING FEE: \$35.00