# P96000084393

96 OCT 14 AM 9: 21

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Modern Modifie-Radiology inc.	
	(Proposed corporate name - must include suffix)	
		7D0001936057 -08/29/9601080020 *****78.75 *****78.75
Enclosed is an origination :	al and one (1) copy of the articles of incor	poration and a check
<b>570.00</b>	<b>☆ \$78.75 □ \$122.50 □</b>	] <b>\$131.25</b>
FROM	Name (printed or typed) 5200 S.W. 8TH ST #201-B	· · · · · · · · · · · · · · · · · · ·
	Address	
	MIAMI, FLORIDA 33179.	1510
_	City, State & Zip	1.dl
	(305) 461-4270	1011111
	Daytime Telsphone number	10/14/50 10/14/50

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 4, 1996

MARIO TOBAR 5200 SW 8TH ST #201-B MIAMI, FL 33179

SUBJECT: MOBILE RADIOLOGY INC.

Ref. Number: W96000018464

We have received your document for MOBILE RADIOLOGY INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6915.

Pamela Hall Document Specialist

Letter Number: 396A00041400

#### ARTICLES OF INCORPORATION

FILED

96 OCT 14 AM 9: 21

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

OF

MODERN RADIOLOGY 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:

MODERN RADIOLOGY INC.

#### ARTICLE II PRINCIPAL OFFICE

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

5200 S.W. 8TH STREET 201-B MIAMI, FLORIDA 33179.

#### ARTICLE III SHARES

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

100 SHARES

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIO TOBAR 5200 S.W. 8TH ST # 201-B MIAMI,FLORIDA 33179.

#### ARTICLE V INCORPORATORISI

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

MARIO TOBAR

5200 SW 8TH ST 201-B MIAMI, FLORIDA 33179

23rd	day of	AUGUST:	<b>19</b> 96	
M	raire	. Colle	en.	· .
		Signeture		
	<del></del>	Signature		<del></del>

Articles of Incorporation: Filing Fee - \$35

### 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 AM 9: 21 Florida.

SECRE FARY OF STATE TALLAHASSEE, FLORIDA

1. The name of the corporation is: MODERN RADIOLOGY INC.

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

MARIO TOBAR

(NAME)

5200 S.W. 8TH STREET 201-B

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33179.

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 ACENT.

(CITY/STATE/ZIP)

SIGNATURE Main tolan

DATE \_\_\_\_\_August 23, 1996.

96 OCT IL MH 9: 21
SECRETARY OF STATE

REGISTERED AGENT FILING FEE: \$35.00