

# P96000085949

Akorman, Sontorflitt & Eldson, P.A.  
Requestor's Name

P.O. Box 10555

Address

Tallahassee FL 32302-2555 222-3471  
City/State/Zip Phone #

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

1. Central Florida Radiology Associates P.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" 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

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DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION  
OF  
CENTRAL FLORIDA RADIOLOGY ASSOCIATES, P.A.**

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Wu, the undersigned natural persons of full age acting as Incorporators of a professional service corporation under the Florida Professional Service Corporation Law (Title 36 of the Florida Statutes Annotated), adopt the following Articles of Incorporation for such corporation:

**FIRST:** The name of the Corporation is Central Florida Radiology Associates, P.A. (the "Corporation").

**SECOND:** The initial principal office of the Corporation is 4622 Street Road, Trevoso, Pennsylvania 19063.

**THIRD:** The initial registered office of the Corporation in the State of Florida is 216 South Monroe Street, Suite 200, Tallahassee, FL 32302-2555 and the name of the corporation's initial registered agent at such address is Akerman, Senterfitt & Eidson, P.A.

**FOURTH:** The purposes for which the Corporation is incorporated are to engage in the following activities:

- A. To engage in the practice of medicine; and
- B. To engage in any lawful act or activity for which corporations may be organized under the Florida Professional Service Corporation Law (Title 36 of the Florida Statutes Annotated), and to engage in all activities properly related to the foregoing.

**FIFTH:** The aggregate number of shares authorized to be issued is 1,000 shares Without Par Value.

**SIXTH:** The following individual is the incorporator of the Corporation:

Name

Robert Worthington

Address

105 North Watts Street  
Philadelphia, PA 19107-1983

**IN WITNESS WHEREOF**, the undersigned, the incorporator of the Corporation has signed these Articles of Incorporation on this 16th day of October, 1998 acknowledges the same to be his act, states that to the best of his knowledge, information, and belief these matters and facts are true in all material respects, and states that his statements are made under penalty of perjury.



Robert Worthington  
Incorporator

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:

CENTRAL FLORIDA RADIOLOGY ASSOCIATES, P.A.

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

Akerman, Senterfitt & Eidson, P.A., 216 South Monroe Street,  
Suite 200, Tallahassee, FL 32302-2555.

Signature   
Robert Worthington

Title: Incorporator

DATE: October 16, 1996

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.

Akerman, Senterfitt & Eidson, P.A.

by 

Date:

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TALLAHASSEE, FLORIDA