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EMPIRE CORPORATE KIT

P.01/04

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TO: DIVISION OF CORPORATIONS

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FROM: EMPIRE CORPORATE KIT COMPANY  
CONTACT: RAY STORMONT  
PHONE: (305)541-3694

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NAME: HOLLYWOOD MEDICAL IMAGING, P.A.

AUDIT NUMBER.....H96000015411

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

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**ARTICLES OF INCORPORATION  
OF  
HOLLYWOOD MEDICAL IMAGING, P.A.**

H96000015411

The undersigned incorporator hereby forms a corporation under Chapter 621 of the laws of the State of Florida.

**ARTICLE I. NAME.**

The name of the corporation shall be: Hollywood Medical Imaging, P.A.

**ARTICLE II. ADDRESSES.**

The address of the principal office of this corporation shall be 1131 SE 2nd Avenue Fort Lauderdale, FL 33316 and the mailing address of the corporation shall be the same. The Board of Directors may from time to time move the principal office to any other address in Florida.

**ARTICLE III. NATURE OF BUSINESS.**

This corporation may engage in every aspect of the business of rendering medical services to the public that a physician licensed under the laws of the State of Florida is authorized to engage in. This corporation may also engage or transact in any and all lawful activities and businesses permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE IV. CAPITAL STOCK.**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having \$.01 par value per share. Said stock shall be deemed Section 1244 stock pursuant to the Internal Revenue Code of 1986, as amended. Said capital stock shall be non-assessable and shall be payable in lawful money of the United States or in property, other than stock or securities, in lieu thereof, at a just valuation to be fixed by the board of directors of this corporation. The minimum capital with which this corporation shall begin business is \$1,000.00.

**ARTICLE V. REGISTERED AGENT AND OFFICE.**

The street address of the initial registered office of the corporation shall be 2301 Sunset Drive, Miami Beach, FL 33140 and the name of the initial registered agent of the corporation at that address is Cheryl Julien Kaufman.

Prepared by:  
Cheryl Julien Kaufman, Esq.  
Cheryl Julien Kaufman  
2301 Sunset Drive  
Miami Beach, FL 33140  
(305) 538-5380  
Fl Bar No. 623679

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**ARTICLE VI. INCORPORATOR.**

The name and street address of the incorporator to these Articles of Incorporation is:  
Cheryl Julien Kaufman, P.A., 5241 North Bay Road, Miami Beach, FL 33140.

**ARTICLE VII. INITIAL DIRECTORS.**

The number of directors that this corporation shall have initially is four. The number of directors may be altered from time to time as may be provided in the bylaws. The initial directors shall be Michael J. Rush, M.D. whose address is 3032 North Atlantic Boulevard, Fort Lauderdale, FL 33308, Claudio M. Smuclovsky, M.D. whose address is 3041 NE 39<sup>th</sup> Street, Fort Lauderdale, FL 33308, Mark H. Kravetz, M.D. whose address is 1700 Micanopy Avenue, Coconut Grove, FL 33133 and Howard A. Robinson, M.D. whose address is 2639 NE 12<sup>th</sup> Street, Fort 33304 and they shall serve as the directors until their successors are elected and shall qualify.

**ARTICLE VIII. CUMULATIVE VOTING FOR DIRECTORS.**

At all elections of directors of this corporation, each shareholder shall be entitled to as many votes as shall equal the number of votes which (except for these provisions as to cumulative voting) he would be entitled to cast for the election of directors with respect to his shares of stock, multiplied by the number of directors to be elected, and he may cast all such votes for a single director, or may distribute them among the number to be voted for, or any two or more of them, as he may see fit.

**ARTICLE IX. RELATED PARTY TRANSACTIONS.**

No contract or other transaction of this corporation with any person, firm, other corporation or other entity, in the absence of fraud or wrongdoing, shall be affected or invalidated by the fact that any director of this corporation is a party to or interested (directly or indirectly) in such contract or other transaction or in any way connected with such person, firm, corporation or other entity, and each person who may become a director of this corporation is hereby relieved from any liability that might otherwise exist from his contracting with this corporation for the benefit of himself or any other firm, person, corporation or other entity in which he or his family may be in any way interested.

IN WITNESS WHEREOF, the undersigned agent of Cheryl Julien Kaufman, P.A. has hereunto set her hand and seal on October 31, 1996.

Cheryl Julien Kaufman, P.A.

By: Cheryl Julien Kaufman, P.A.  
Cheryl Julien Kaufman, Pres.

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**ACCEPTANCE OF REGISTERED AGENT**

Cheryl Julien Kaufman having a business office identical with the registered agent of the corporation named above and having been designated as the registered agent in the foregoing Articles, is familiar with and accepts the obligations of the position of registered agent under Section 607.0505, Florida Statutes.

  
Cheryl Julien Kaufman

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**996-000090039**  
**FLORIDA**  
**APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: HOLLYWOOD MEDICAL IMAGING, P.A. EIN or SS#: 65-0714818

Address: 1131 S.E. 2 AVE.  
FT. LAUDERDALE, FL. 33316

Amount: \$165.00 Date Paid 4/30/97

Reason for claim: AK already on file - 996000090039  
SP 5/19/97

Certified true and correct this 18 day of JUNE, 19 97.

Signature Gail S. Marcus, BUSINESS MANAGER

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

<b>For Agency Use Only</b>	
Agency recommends approval of above claim and submits the following information to substantiate the claim.	
Amount of recommended refund \$ <u>165.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>96674/054</u> dated <u>05-08-97</u>	
Name of Account <u>45202130001453000000000010000</u>	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT <u>45202130001453000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	
(Agency)	(Authorized Signature and Title)