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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Cardio Diagnostic Imac
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee \$78.75

Filing Fee

& Certificate

\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee,

**Certified Copy** & Certificate

ADDITIONAL COPY REQUIRED

12 iards Moungione Name (Printed or typed)

12059 82 Ln North

Royal Palm Beach FL 33412 City, State & Zip

(561) 791.94.70

Daytime Telephone number

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

### ARTICLES OF INCORPORATION

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.

The name of the corporation shall be:

Cardio Diagnostic Imaging Inc.

ARTICLE II PRINCIPAL OFFICE

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

12059 BZLn North Rayal Palm Beach FL. 33412 Mailing: P.O Bon 32636 Palm Beach Jardens FL 33420

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

One hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Royal falm Beach FL 33412

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Ricardo Mangione 12059 BZ Cn Morth 1207al Palm Beach FL 33412

The undersigned incorporator(s) has(have) executed these	Articles of Incorporation this
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8 day of October 1996

(An additional article must be added if an effective date is requested.)

Signature

Signature

## Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF 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:	Cardio Oragnostic	Imaging Inc
2. The name and address of the regis	st_red agent and office is:	15E 86
12:00	Mangione (NAME)	THE THE
<del>-</del> -	82 Ln North ox of Mail Drop Box NOT acceptable)	PA 1: 2:
Royal (	Jaly Beach FL 3341Z	DE 3

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.

