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DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAG-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: CEDARS MEDICAL IMAGING INC.

AUDIT NUMBER.....H96000017645

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

CERT. OF STATUS..1

PAGES..... 3

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36 DEC 18 AM 8:55

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12/18/96

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ARTICLES OF INCORPORATION**OF****CEDARS MEDICAL IMAGING INC.**

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

ARTICLE I NAME

The name of the corporation shall be: **CEDARS MEDICAL IMAGING INC.**

The principal place of business of this corporation shall be: 2124 N.E. 123rd St.
Suite #46 Room 205
N. Miami Fl 33180

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000 Shares at \$1.00 Par Value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Ferdinando Berrolal Pelia 2124 N.E. 123rd St.
Suite #46 Room 205
N. Miami, Fl 33180

Prepared by: Ferdinando Berrolal Pelia
2124 N.E. 123rd St.
Suite #46 Room 205
N. Miami, Fl 33180
(305) 201-3729

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to this articles of Incorporation is(are):

Ferdinando Berrolal Pelia 2124 N.E. 123rd St.
Suite #46 Room 205
N. Miami, FL 33180

IN WITNESS WHEREOF, the undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 17th day of December, 19 96.

Signature(s) of Incorporator(s)

FP Berrolal

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 _____

CEDARS MEDICAL IMAGING INC.

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

Ferdinando Berrola Pelia 2124 N.E. 123rd St. Suite #46 Room 205
(P.O. BOX NOT ACCEPTABLE)

N. Miami, Fl 33180

(CITY/STATE/ZIP)

SIGNATURE FP Berrola
(corporate officer)

TITLE DIRECTOR

DATE 12/17/96

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DEC 18 AM 8:55
DATE
12/17/96
ORDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE FP Berrola

DATE 12/17/96

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