

P97000002831  
TRANSMITTAL LETTER

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

SUBJECT: Colonial Imaging Products & Services, Inc.  
(Proposed corporate name - must include suffix)

000002048690--8  
-01/07/97--01120--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

FROM: COLONIAL IMAGING PRODUCTS & SERVICES, INC.  
Name (printed or typed)

1335 BENNETT DR. SUITE 107

Address

ORLANDO, FLORIDA 32750

City, State & Zip

(407) 339-8585

Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN -6 PM 3:11

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

1/10/97

## ARTICLES OF INCORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JAN -6 PM 3: 11

*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: COLONIAL IMAGING PRODUCTS & SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1335 BENNETT DR.  
SUITE 107  
LONGWOOD, FL 32750

### ARTICLE III SHARES

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

7,500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Fatima F. Calkins  
1335 Bennett Dr.  
Suite 107  
Longwood, FL 32750

**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):**

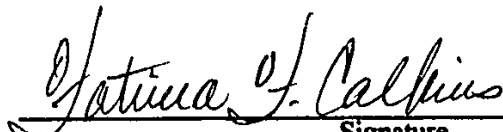
NAME

ADDRESS

Debbie M. Cody	318 E. Orange St. Altamonte Springs, FL 32701
Fatima F. Calkins	1708 Melanie Dr. Orlando, FL 32825
James V. Cody	318 E. Orange St. Altamonte Springs, FL 32701
David G. Calkins	1708 Melanie Dr. Orlando, FL 32825

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this**

1st day of January, 19 97.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**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: COLONIAL IMAGING PRODUCTS & SERVICES, INC.

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

Fatima F. Calkins

(NAME)

1335 Bennett Dr. Suite 107

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Longwood, FL 32750

(CITY/STATE/ZIP)

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DIVISION OF CORPORATIONS  
97 JAN -6 PM 3:11

*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.*

*Fatima F. Calkins*  
(SIGNATURE)

12-31-96  
(DATE)