P9700006090

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

400002089084---0 -02/17/97--01037--018 ****122.50 ****122.50

SUBJECT: Cardiac Stress Diagnostic Center JOC (Proposed corporate name - must include suffix)

S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	

6801 N.W. 77th Avenue # 310A

Address

Miami, Florida 33166-2848

City, State & Zip

305-863-8833

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.

ARTICLE I NAME

The name of the corporation shall be:

Cardiac Stress Diagnostic Center $\mathcal{T}^{\mathcal{X}}$

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ARTICLE II PRINCIPAL OFFICE

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

6801 N.W. 77th Avenue #310 A Miami, Florida 33166-2848

ARTICLE III SHARES

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

100 Shares

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

Miriam D. Perez 15600 S.W. 80th Street 102-K Miami, Florida 33193

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):

Miriam D. Perez President, and Registered Agent 15600 S.W. 80th Street 102-K Miami, Florida 33193

The undersigned in	ncorporator(s) has(have) executed these Articles of Incorporation thi
11 day of _	February , 19 <u>07-</u> .
(An additional artic	cle must be added if an effective date is requested.)
	Mirian D. Perez Signature
_	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	CARDIAC	STRESS	DIAGNOS	PIC CENTER	Zuc	,
2. The name and address of the regi	istered agent	and office	is:			
· · · · · · · · · · · · · · · · · · ·	Miriam	D. Pere (Name)	Z			
(P. O.	15600 S Box or Mail	.W. 80t Drop Box N	h Street OT ACCEPTAB	#102-K		
	Miami, (Cr	Florida TY/STATE/ZII	33193 P)	· · · · · · · · · · · · · · · · · · ·	SECRET, TALLAHA	97 FEB
Having been named as registered a at the place designated in this certifo act in this capacity. I further again and complete performance of my dias registered agent.	ficate, I here ree to compl	by accept to by with the p	he appointm provisions of	ent as registered all statutes rela	i agent-and ting to the	d geree proper
Merian D. (SIGNATURE)	Perez	·····	**************************************	2-11-9'	7	