

P97 0000 52898

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

FILED

97 JUN 16 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

QUALITY PORTABLE X-RAY, INC.

SUBJECT: _____
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122.50 .

700002198757--6
-06/02/97--01185--010
****122.50 ****122.50

FROM:

Ulee M. MAJOR
Name (printed or typed)
12101 NW 98TH AVE #9
Address
HALEAH GARDENS, FL 33016
City, State, & Zip
(305) 557-7748
Telephone Number

Note: Please provide the original and one copy of the Articles.

9N6-1697
W97-122.50



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 6, 1997

ULEE M. MAJOR
12101 NW 98TH AVE. #9
HIALEAH GARDENS, FL 33016

SUBJECT: QUALITY MOBILE X-RAY OF FLORIDA INC.
Ref. Number: W97000013359

We have received your document for QUALITY MOBILE X-RAY OF FLORIDA INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

John Nedeau
Document Specialist

Letter Number: 397A00030761

ARTICLES OF INCORPORATION

OF

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.

97 JUN 16 AM 11:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

QUALITY PORTABLE X-RAY, INC.

ARTICLE II PRINCIPAL OFFICE

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

12101 NW 98TH AVE. #9
HIALEAH GARDENS, FL. 33016

ARTICLE III CAPITAL STOCK

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:

Ulee M. MAJOR
12101 NW 98TH AVE. #9
HIALEAH GARDENS, FL. 33016

ARTICLE V INCORPORATOR(S)

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

Ulee M. MAJOR
326 SW 191 TERRACE
Pembroke Pines, FL. 33029

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

12 day of June, 19 97.

Ulee M. Major

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: QUALITY PORTABLE X-RAY, INC.

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

Ulee M. Major
(NAME)

12101 NW 98TH AVE. #9
(P.O. BOX NOT ACCEPTABLE)

HIALEAH GARDENS, FL. 33016
(CITY/STATE/ZIP)

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.

SIGNATURE Wlee M. Mason

DATE 6/12/97

REGISTERED AGENT FILING FEE: \$35.00

FILED
97 JUN 16 AM 11:50
SOUTHERN DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA