

**900002214769--9**  
 -06/17/97--01072--010  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

**LAZARUS CORPORATE INVESTMENTS, INC.**  
 Receiver's Name  
 890 S.W. ...  
 Address  
 MIAMI, FLORIDA 33174 (305)552-5973  
 City/State/Zip Phone #  
 LOCAL REPRESENTATIVE TALLAHASSEE

900002214769--9  
 -06/17/97--01072--010  
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Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. GRANT CENTER RADIOLOGY INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☒ Certificate of Status

**FILED**  
 97 JUN 17 PM 1:29  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

6/17

**RECEIVED**  
 97 JUN 17 AM 11:06  
 DIVISION OF CORPORATION

Examiner's Initials	
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ARTICLES OF INCORPORATION  
OF  
GRANT CENTER RADIOLOGY INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 JUN 17 PM 1:29

FILED

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

A R T I C L E    I

The name of the Corporation shall be:

GRANT CENTER RADIOLOGY INC.

A R T I C L E    II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

A R T I C L E    III

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

A R T I C L E    IV

The aggregate number of shares which this corporation shall have authority to issue is the total of 100 shares, having an individual par value of \$1.00 each, and shall be only Common class of stock on this corporation.

PREPARED BY:

CARLOS GRANIZO  
10920 W. FLAGLER ST. SUITE 204  
MIAMI, FL 33174

## A R T I C L E   V

The name and address of the initial registered agent, registered office, and principal office of this corporation shall

JOHN DAVIS  
FLAGLER PARK PLAZA  
8357 WEST FLAGLER ST. SUITE 312  
MIAMI. FLORIDA 33144

## A R T I C L E   VI

The initial Board of Directors shall consist of a total of one person and the name of the person who is to serve as initial director is:

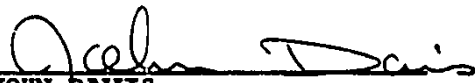
JOHN DAVIS

PRESIDENT/TREASURER

## A R T I C L E   VII

The name and address of the incorporator executing these Articles of Incorporation is:

JOHN DAVIS  
1100 SW 197TH ST. BLDG 6 APT. 114  
MIAMI, FLORIDA, 33157

  
JOHN DAVIS

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 16TH day of JUNE, 1997.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First-That GRANT CENTER RADIOLOGY INC.  
(Name of Corporation)

desiring to organize under the laws of the State of Florida with  
its principal office, as indicated in the Articles of Incorporation  
at the City of MIAMI County of DADE

State of Florida has named JOHN DAVIS  
(Name of Register Agent)

located at FLAGLER PARK PLAZA, 8357 WEST FLAGLER ST. SUITE 312  
(Street address and number of building,  
Post Office Box address not acceptable)

City MIAMI, County of DADE

State of Florida, as its agent to accept service of process within  
this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated  
corporation, at place designated in this certificate. I hereby  
accept to act in this capacity, and agree to comply with the  
provision of said Act relative to keeping open said office.

By:

  
JOHN DAVIS  
Register Agent

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