P9700089038

97 OCT 16 71 1:43

Department of State
Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314 **122.50 ****122.50 SUBJECT: OingnosticCenter, Inc.
(Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Maria Lozada Name (Printed or typed) 13706 S.W. 56th Street, Suite 202 Address Miami, Florida 33175 City, State & Zip Daytime Telephone number 6. Hall 061 . 1.w.

1.

ARTICLES OF INCORPORATION

FILED 97 OCT 16 PM 1:40

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

West Miller Diagnostic Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

13706 S.W. 56th Street, #202 Mîâmi; Florida 33175

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 Florida street address of the initial registered agent are:

Maria Lozada 17233 S.W. 144th Court Miami, Florida 33177

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Maria Lozada 17233 S.W. 144th Court Miami, Florida 33177

Signature/Incorporator

10-12-97

Date

(An additional article must be added if an effective date is requested.)

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 Degistered And

10/12/27

Date