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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.**POLI-NEURO IMAGEN CENTER INC.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

OF

POLI-NEURO IMAGEN CENTER INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE: POLI-NEURO IMAGEN CENTER INC..

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

14297 S.W. 9 TERRACE, MIAMI, FLORIDA. 33184

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGEGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 SHARES AT \$ 1.00 EACH

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS (ARE).

PREPARED BY:

**NEREYDA INFANTE
14297 S.W. 9 TERRACE
MIAMI, FLORIDA. 33184
(305) 887-8075**

**NEREYDA INFANTE
14297 S.W. 9 TERRACE
MIAMI, FLORIDA. 33184**

ARTICLES VI INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATION IS (ARE):

**NEREYDA INFANTE
14297 S.W. 9 TERRACE
MIAMI, FLORIDA 33184**

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS 29th.

DAY OF JANUARY 3, 1999.

SIGNATURE (S) OF INCORPORATOR(S)



CERTIFICATE OF DESIGNATION

REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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:

POLI-NEURO IMAGEN CENTER INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

NEREYDA INFANTE 14297 S.W. 9 TERRACE

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA, 33184

(CITY/STATE/ZIP)

SIGNATURE

Nereyda Infante

TITLE:

PRESIDENT

DATE: 01/29/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Nereyda Infante

DATE 01/29/99.

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