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FLORIDA PROFIT CORPORATION OR P.A.

michael s. thorne, m.d., p.a.

Certificate of Status	0
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B. McKnight AUG 24 1999

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ARTICLES OF INCORPORATION
OF

MICHAEL S. THORPE, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MICHAEL S. THORPE, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 555 NE 34th STREET, #703
MIAMI, FL 33137

ARTICLE III PURPOSE

The purpose of this corporation shall be: FOR RADIOLOGICAL MEDICAL SERVICES.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES COMMON STOCK HAVING AN INDIVIDUAL PAR VALUE OF \$10.00 .

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MICHAEL S. THORPE
555 NE 34th STREET, #703
MIAMI, FL 33137

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ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be: MICHAEL S. THORPE 555 NE 34th STREET, #703, MIAMI, FL 33137

ARTICAL VII OFFICERS(S)

The name, title and address of the officers of this corporation shall be: MICHAEL S. THORPE
PRES./SEC./TREAS.
555 NE 34th STREET, #703
MIAMI, FL 33137

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
1492 W. FLAGLER ST #200
MIAMI, FL 33135

The undersigned has(have) executed these Articles of Incorporation this 24th day of AUGUST, 1999.

Ray Stormont
Incorporator
Ray Stormont/President
Signing for
Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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

Neil S. Thoma - MD
Registered Agent

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