

**990002989849-2**  
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**990002989849-2**  
**-09/17/99-01066-001**  
**\*\*\*\*\*78.75 \*\*\*\*\*78.75**

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

- MIAMI DADE DIAGNOSTIC INC.  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
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- Walk in     Pick up time 2:00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

99 SEP 20 PM 3:35  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
**FILED**  
 DEPARTMENT OF REVENUE

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

*9/17/99*

99 SEP 17 AM 11:35  
 DEPARTMENT OF REVENUE  
 DIVISION OF CORPORATE  
 TALLAHASSEE FL  
**RECEIVED**

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 17, 1999

LAZARUS

MIAMI, FL

SUBJECT: MIAMI DADE DIAGNOSTIC INC.  
Ref. Number: W99000021458

We have received your document for MIAMI DADE DIAGNOSTIC INC. and your check(s) totaling \$78.75. 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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6933.

Teresa Brown  
Corporate Specialist

Letter Number: 699A00045839

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 SEP 20 PM 3:21

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ARTICLES OF INCORPORATION

FILED  
99 SEP 20 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

MIAMI DADE DIAGNOSTIC CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

110 HIALEAH DR.  
HIALEAH, FL. 33010

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VLADIMIR MORALES  
101 HIALEAH DR.  
HIALEAH, FL. 33010

**ARTICLE V - INCORPORATOR(S)**

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

Vladimir Morales Mercy Roman  
101 HIACLEATH DR 101 HIACLEATH DR  
HIACLEATH, FL 33010 HIACLEATH, FL 33010

**ARTICLE VI DIRECTOR(S)**

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

Vladimir Morales Mercy Roman  
presidente VICE presidente  
101 HIACLEATH DR 101 HIACLEATH DR.  
HIACLEATH FL 33010 HIACLEATH, FL 33010

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_.

5

[Signature]  
Signature  
[Signature]  
Signature  
[Signature]  
Signature

99 SEP 20 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED 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]  
REGISTERED AGENT