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July 3, 1996

AFFILIATED WITH

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JONATHAN A. BAIDEL

DIRECT DIAL #1 (215)

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*****70,00 ******70.00

Florida Department of Sate Division of Corporations P.O. Box 6327 Taliahassee, Florida 32314

RE: Summit Medical Services, Inc.

Dear Sir/Madam:

Enclosed please find original and one copy of an Application for Freign Corporation for Authorization to Transact Business in Florida for the above corporation along with our check in the amount of \$70.00 representing your fee for this filling. The also enclosed a Federal Express envelope which I would appreciate your using for the return of the filed document.

Thank you.

Very truly yours,

Theresa M. Cooke Legal Assistant

/tmc Enclosure

APPLICATION FOR FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	SUMMIT MEDICAL SERVICES, INC.			
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	ı		
2.	Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable)	•		
4.	January 6, 1995 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual"	ij		
6.	July, 1996			
0.	(Date first transacted business in Florida. See Sections 607.1501, 607.1502 and 817.156, F.S)			
7.	100 Granite Drive, Suite 202, Media, Pennsylvania 19063 그 유로그			
	(Current Malling Address) 고 함께 기가			
8.	Mobile diagnostic services			
.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state-of Florida)			
9.	Name and street address of Florida registered agent:	٠		
	Name: JOSEPH EDELSTEIN			
	Office Address: 490 N. Pine Oak Place, Suite 110, Sabal Walk			
	<u>Longwood</u> , Florid a , <u>32779</u> (Zip Code)			
10.	Registered agent acceptance:			
	Having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position a registered agent.	iq 1		

(Registered Agent's Signature)

JOSEPH EDELSTEIN PRESIDENT
(Type Name and Title of Officer)

11.	applic	hed in a certificate of existence duly authenticated, not more than 90 days prior to delivery of this lation to the Department of State, by the Secretary of State or other official having custody of corporate is in the jurisdiction under the law of which it is incorporated.
12.	Name	and addresses of officers and directors;
	A.	DIRECTOR(s):
		Joseph Edelstein 100 Granito Drive, Suite 202 Media, PA 19063
	₽,	OFFICER(s):
		Joseph Edelstein, President, Secretary and Treasurer 100 Granite Drive, Suito 202 Media, PA 19063
13.		Joseph L. Estetotew
	(Sign	ature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicatio的
44		Joseph Edelstein
14.		(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMIT MEDICAL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JULY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AUTHENTICATION:

8012656

07-02-96