

Charter Number Only

600003343

Requestor's Name **Depot Rubber Stamp, Inc.**

Address **1760 SW 1st Street**

City **miami** State **Fla.** ZIP **33135**

Phone **541-1516**

VALUATION ONLY

CORPORATION(S) NAME

600003191286--2
-03/31/00--01015--014
*****70.00 *****70.00

Medical Office & Diagnostic Health Management Inc.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

RECEIVED
00 MAR 31 AM 9:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

FILED
00 MAR 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

Medical Office & Diagnostic Health Management 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.

FILED
00 MAR 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Medical Office & Diagnostic Health Management Inc.

Principal place of business of this corporation shall be: 2441 SW 1st Street Suite 101-3
Miami, FL 33135

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 aggregate 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 Par Value

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): Elia Rodriguez 2141 SW 1st Street Suite 101-3 MIAMI, FL 33135 PRES/SEC.

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are): Elia Rodriguez 2441 SW 1st Street Suite 101-3 MIAMI, FL. 33135 SS# 584-70-3143

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these articles of incorporation on this month of March On the 23rd Day of the year 2000

Signature(s) of Incorporator(s)

x Elia Rodriguez
Elia Rodriguez Pres/Sec

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: Medical Office & Diagnostic Health Management Inc.
2. The name, address and office held by the registered agent is:
(P.O. Box is not Acceptable) 2441 SW 1st Street Suite 101-3 Miami, FL 33135

City/State/Zip:

Signature X Elvia Rodriguez
Title Pres/Sec
Date March 23, 2000

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 SECTION 607.325, FLORIDA STATUTES.

Signature X Elvia Rodriguez
Date March 23rd, 2000

FILED
00 MAR 31 AM 11:21
page 3 of 3
SECRETARY OF STATE
TALLAHASSEE FLORIDA