TRANSMITTAL LETTER FILED

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SLUNETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of corporations P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: DIAGNOSTIC DATA CORPORATION

Enclosed is an original and one (1) copy of the Articles of Incorporation and Certificate of Designation of Registered Agent/Registered Office and a check for \$70.00 for filing fee and registered agent fee.

FROM:

DR. ALAN D. NEWMAN

1003 N. Blvd. East Leesburg, Fl. 34748

PHONE:

(352) 787-4500

Enclosures Original and One Copy of Articles 000003350780--7 -08/09/00--01054--001 ******70.00 ******70.00

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ARTICLES OF INCORPORATION OF DIAGNOSTIC DATA CORPORATION

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SEURLIAKY OF STATE TALLAHASSEE, FLORIDA

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporators submit these articles of Incorporation for the purpose of forming a for-profit corporation.

ARTICLE I

The name of the Corporation is: DIAGNOSTIC DATA CORPORATION

ARTICLE II

The principal place of business and mailing address of this corporation is:

1003 N. Blvd. East Leesburg, Fl. 34748

ARTICLE III

Duration: The period of its duration is perpetual.

ARTICLE IV

Purpose: The purpose is to engage in any activities or business permitted under the laws of the United States and Florida including physio therapy and diagnostics.

ARTICLE V

Capital Stock: The corporation is authorized to issue one class of stock, that stock being One Thousand (1000) shares at One (\$1.00) Dollars per share, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

ARTICLE VI

Initial Registered Office and Agent: The name and address of the initial registered agent and office of this corporation is as follows:

DR. ALAN D. NEWMAN 1003 N. Blvd. East Leesburg, Fl. 34748

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ARTICLE VII

Initial Board of Directors. This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one (1). The names and addresses of the initial directors of this corporation are:

NAME

ADDRESS

Dr. Alan D. Newman, President, V-Pres., Sec/Treasurer 1003 N. Blvd. East Leesburg, Fl. 34748

ARTICLE VIII

Incorporators. The name and addresses of the Incorporators signing these Articles of Incorporation are:

NAME

ADDRESS

Dr. Alan D. Newman

1003 N. Blvd. East Leesburg, Fl. 34748

ARTICLE IX

Amendment of Articles. This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

Page Two Articles of Incorporation DIAGNOSTIC DATA CORPORATION

• '	IN WITNESS WHEREOF, the	ne undersigned incorporators have executed these Articles of
	Incorporation, thisday of _	Cluquest, 2000.
	Witness to Incorporators Signatures	
	Sugalver	A ylander
(🌬	Lequer	ALAN D. NEWMAN
	and to Registered Agent	
	and to Registered Agent Signature	() /
	She was the	X/h
		REGISTERED AGENT

Page Three Articles of Incorporation DIAGNOSTIC DATA CORPORATION

CERTIFICATE OF DESIGNATION OF

FILED

REGISTERED OFFICE AND REGISTERED AGENT

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, HAT OF STATE STATE 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 is: DIAGNOSTIC DATA CORPORATION
- 2. The name and address of the registered agent and office is:

DR. ALAN D. NEWMAN 1003 N. Blvd. East Leesburg, Fl. 34748

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 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 of registered agent

ALAN D. NEWMAN

Date of Signature: