

POL000042134

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 14 AM 9:46

FLORIDA PROFIT CORPORATION OR P.A.

MEDICAL DIAGNOSTIC SERVICE CENTER, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Medical Diagnostic Service Center, Inc.

ARTICLE II NATURE OF BUSINESS

The nature of this business shall be:

To provide medical diagnostic services.

ARTICLE III PRINCIPAL OFFICE

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

6342 Forest Hill Blvd., Suite 1176
West Palm Beach, FL 33415-6061

ARTICLE IV SHARES

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

100 Common Shares

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Andrzej Awienowicz
6342 Forest Hill Blvd., Suite 1176
West Palm Beach, FL 33415-6061

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Andrzej Awienowicz
6342 Forest Hill Blvd., Suite 1176
West Palm Beach, FL 33415-6061

Andrzej Awienowicz
Signature/Incorporator

05/09/01
Date

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 hereby 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 obligation of my position as registered agent.

Andrzej Awienowicz
Signature/Registered Agent

05/09/01
Date

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