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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.**NEURO-MOTION IMAGE DIAGNOSTIC CENTER CORP**

Certificate of Status	0
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 20, 2002

EMPIRE

SUBJECT: NEURO-MOTION IMAGE DIAGNOSTIC CENTER CORP.
REF: W02000004879

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Becky McKnight
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FAX Aud. #: H02000040067
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**ARTICLES OF INCORPORATION
of
NEURO-MOTION IMAGE DIAGNOSTIC CENTER CORP.**

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Florida, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I
CORPORATE NAME**

The name of this corporation is: NEURO-MOTION IMAGE DIAGNOSTIC CENTER CORP.
Principal Office at: 8937 NW 120th STREET
HIALEAH GARDENS, FL 33018

**ARTICLE II
SHARES**

The total number of shares which the corporation shall have authority to issue is 500 shares with a par value of \$1.00 per share.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The street address of the corporation's initial registered office and the name of its initial registered agent at such address is:

ARMANDO VEGA JR.
NEURO-MOTION IMAGE DIAGNOSTIC CENTER CORP
8937 N. W. 120th STREET
DADE County
HIALEAH GARDENS, FL 33018

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ARTICLE IV PURPOSE

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state.

ARTICLE V DIRECTORS

The names and residence addresses of the persons constituting the initial board of directors are:

MIRIAM ESPINOSA
8937 NW 120th STREET
HIALEAH GARDENS, , FL 33018

After the initial board of directors, the board shall consist of such number of directors as shall be determined by the shareholders from time to time at each annual meeting at which directors are to be elected.

The directors shall be divided into THREE classes, the number of directors to be allocated to each class to be as nearly equal as possible and with the term of office in one class expiring each year after the initial annual meeting of shareholders.

ARTICLE VI LIABILITY OF DIRECTORS

To the fullest extent permitted by law, no director of this corporation shall be personally liable to the corporation or its shareholders for monetary damages for breach of any duty owed to the corporation or its shareholders, except that a director may be held personally liable for (i) breaches of the duty of loyalty, (ii) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) declaration of unlawful dividends or unlawful stock repurchases or redemptions, or (iv) a transaction from which the director derives an improper personal benefit.

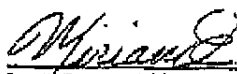
Any director or officer who is involved in litigation or other proceeding by reason of his or her position as a director or officer of this corporation shall be indemnified and held harmless by the corporation to the fullest extent permitted by law.

**ARTICLE VII
OTHER PROVISIONS**

Director or Officer Interest. In the absence of fraud, no transaction between (a) this corporation and (b) any other association, corporation or any director or officer of this corporation individually, shall be affected by the fact that any director or officer of this corporation is individually a party to the transaction or is interested in or is a director or officer of such other association or corporation.

Certification

I certify that I have read the above Articles of Incorporation and that they are true and correct to the best of my knowledge.



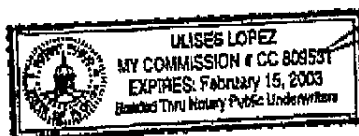
MIRIAM ESPINOSA, Incorporator
8937 NW 120th STREET
HIALEAH GARDENS, FL 33018

State of Florida, County of DADE, ss:

Subscribed and sworn to (or affirmed) before me this 1st day of February, 2002.



Notary Public



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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 is: NEURO-MOTION IMAGE DIANOSTIC CENTER

CORP.

2. The name and address of the registered agent and office is:

Armando Vega Jr.

(Name)

8937 N.W 120th Street

(P.O. Box not acceptable)

Hialeah, Gardens, Florida 33018

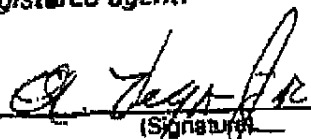
(City/State/Zip)

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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)

Armando Vega Jr.

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL