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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	_
	OFFICE USE ONLY
1. GAMMA MEDICAL S (Corporation Name) 2. (Corporation Name) 4. (Corporation Name) Walk in Pick up time 9.00 Mail out Will wait Photocopy	(Document #) (Continuent #) (Document #)
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS AMENDM Amendment Resignation of F Change of Regist Dissolution/With Merger Annual Report	A.A., Officer/Director tered Agent drawal

Reinstatement

Trademark

Fictitious Name Name Reservation



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 8, 2002

LAZARUS

MIAMI, FL

SUBJECT: GAMMA MEDICAL SERVICES INC.

Ref. Number: W02000009819

We have received your document for GAMMA MEDICAL SERVICES INC.. However, the document has not been filed and is being returned for the following:

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 302A00020723

02 AFR -9 PN 4: 45

ARTICLES OF INCORPORATION

02 APR -9 PM 3:52

of the State of Florida, by and under the provisions of the statues of the State of Florida TALLAHASSEE, FLORIDA providing for the formation, liability, rights. privileges and immunity. I, the undersigned, hereby make, adopt, subscribe and acknowledge these for profit.

ARTICLE I : NAME

The name of the corporation shall be:

GAMMA MEDICAL SERVICES INC.

ARTICLE II: PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III: CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

ARTICLE IV: INITIAL CAPITAL

The amount of capital with which corporation shall begin business shall be \$ 600.00

ARTICLE V: CORPORATE EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

ARTICLE VI: POST OFFICE ADDRESS

The post office address of the principal office of this corporation shall be: 12550 BISCAYNE BLUD SUITE 500 MIAMI, FL 33181 with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

ARTICLE VIII: NUMBER OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors consisting initially of one directors.

The numbers of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number required by the laws of the State of Florida, as amended from time to time.

ARTICLE VIII: INITIAL DIRECTORS

Arturo A. Santa Maria

12550 Biscayne Blvd. Suite 500 Miami, Florida 33181

ARTICLE IX: OFFICERS

Arturo A. Santa Maria, President

ARTICLE X: SUBSCRIBERS

The name and post office addresses of the subscribers to these articles are as follow:

NAME

ADDRESS

Arturo A. Santa Maria

12550 Biscayne Blvd. Suite 500 Miami, Florida 33181

ARTICLE XI: AMENDMENTS

Theses articles of incorporation may be amended from time to time in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote.

ARTICLE XII: REGISTERED OFFICE AND AGENT.

The initial address of the registered office of the corporation is: 12550 Biscayna Blvd Suite 500 miam; PL 3318/ and the registered agent is:

Arturo A. Santa Maria

The undersigned has (have) executed these Articles of Incorporation this date:

Arturo A. Santa Maria, President

(Date) 4-5-02-

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SECILE LANGUAGIATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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.

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

1- The name of the corporation is : GAMMA MEDICAL SERVICES INC.

Arturo A. Santa Maria	12550 1 Miami,	Biscayne Blvd. Suite 500 Florida 33181_
		On Alas
	SIGNATURE	Moulellow
	TITLE	Arturo A. Santa Maria, President
	DATE	4-5-02
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	Arturo A. Santa Maria, President
	DATE	4-8-02