P02000046115

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000102016 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FLORIDA PROFIT CORPORATION OR P.A.

PROFESSIONAL CARE DIAGNOSTIC, INC.

FILED
02 APR 26 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	03 (4)
Estimated Charge	$78.75

BM 4/26

H02000102016 1

ARTICLES OF INCORPORATION
OF

PROFESSIONAL CARE DIAGNOSTIC ,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.

ARTICLE I NAME

The name of the corporation shall be: PROFESSIONAL CARE DIAGNOSTIC, INC.

The principal place of business of this corporation shall be:

7160 NW 179 ST APT#110 MIAMI FLORIDA 33015

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

50 SHARES NO 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):

PRESIDENT: MANUEL A. DIAZ. 7160 NW 179 ST APT#110 MIAMI FL 33015

VICE-PRESIDENT, TREASURER AN SECRETARY: MANUEL A . DIAZ.
7160 NW 179 ST APT#110
MIAMI FL 33015

FILED
02 APR 26 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H02000102016 1

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MANUEL A. DIAZ. 100% of the SHARES.
7160 NW 179 ST
APT # 110
MIAMI FLORIDA 33015

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 24 day of APRIL 2002.

Signature(s) of Incorporator(s).

MANUEL A. DIAZ.

H02000102016 1

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: PROFESSIONAL CARE DIAGNOSTIC, INC.

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

MANUEL A. DIAZ

(P.O. BOX NOT ACCEPTABLE)

7160 NW 179 ST APT#110 MIAMI FLORIDA 33015

(CITY/STATE/ZIP)

SIGNATURE

TITLE REGISTERED AGENT.

DATE 04-24-2002

FILED
02 APR 26 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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

DATE 04-24-2002