PODOMATA TOS

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	AGNOSTIC CARE	E BLUTIC TE NAME - MUST INCLL	DE SUFFIA	INC
Enclosed are an orig	inal and one (1) copy of the artic		*****78.	01043010
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	22262 Holly, Boca RATIN City, 5 561-706-33	Printed or typed) NOCIC TRAIL Address FL 33 State & Zip	3433	SECRETARY OF STAIL DIVISION OF CORPORATIONS 02 SEP -5 PM 1: 52

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: DIAGNOSTIC CARE SULUTIONS, TWO.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 22262 Hollyhock TRAIL, BOCA RATON, FC 3	3433
ARTICLE III PURPOSE The purpose for which the corporation is organized is: **FROFESSIDNA CORPORATION**	
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): SAL ABADY 22-262 Hollyhock TRL, Buch PATIN, 9 DNID ABADY	EL 33433 Paésiber, VP
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: SAL ABROY 222-62 Nolly hock The Boca RATON FL 33433	SECRETAR DIVISION OF C
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SAL ABADY 22262 Holyhock TRL, BOLA RATOR, TA 33433	Y OF STAJE ORPORATIONS
**************************************	ace designated in this
Signaluje Registered Agent Date	<u> </u>
1 MONO / 1/21/	06

Date