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TRANSMITTAL LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 □ \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

	RTICLES OF INCORPORATION compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
	RTICLE I NAME	03 FEB 26 AM 10: 28
	the name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
V	Voman's Diagnostic Centers, Inc	(ALLAMASSEL, LOUILL
$\overline{\mathrm{Th}}$	RTICLE II PRINCIPAL OFFICE the principal place of business/mailing address is:	· · · · · · · · · · · · · · · · · · ·
7	2345 W. Hillsboro Blvd, suite 204	
	Deerfield Beach, Fl 32442 RTICLE III PURPOSE	
Th	ne purpose for which the corporation is organized is:	
l	Medical Services	
	RTICLE IV SHARES the number of shares of stock is:	-
111	ie indificer of shares of stock is.	
<u>AI</u>	RTICLE V INITIAL OFFICERS/DIRECTORS (optional)	200
	ne name(s), address(es) and title(s): (PreSide	ent.
		resident
,	2345 W. th 11Show Blvd, #204) Secre Deerfield Boh, FL 33442 Treas	_ 1
ΔI	Deertield 8ch, to 33442 Treas	rer
The	e name and Florida street address of the registered agent is:	
Ē	Edward D-ECKert, MD 2345 W. thilsbord Bird, suite 201	
	Deerfield Beach, FL 33442	
<u>AF</u>	RTICLE VII INCORPORATOR	r e err op
Į.	e <u>name and address</u> of the Incorporator is: DECKET, MD	
	2345 W. Hillsbord BWd, suite 20	4
, ***	Deerfield beach, to 33442 **********************************	********
Has cert	ving been named as registered agent to accept service of process for the above stated co- tificate, I am familiar with and accept the appointment as registered agent and agree to a	rporation at the place designated in this sect in this capacity
	1 Selection	2/4/03
	Signature/Registered Agent	Date
	Holes	2/4/03
	Signature/Incorporator	Date