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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.

Q & A DIAGNOSTIC SERVICES INC.

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ARTICLES OF INCORPORATION OF

Q & A DIAGNOSTIC SERVICES 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:

Q & A DIAGNOSTIC SERVICES INC.

The principal place of business of this corporation shall be: 495 NW 72 AVE \$403 MIAMI, FL 33126

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 is: 100 shares 8 \$1.00 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):

ARNALDO QUINTERO 495 NN 72 AVE #403 MIAMI, FL 33126 O4 APR -8 AM O 42

ARTICLE VI INCORPORATOR(S)

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

ARNALDO QUINTERO 495 NW 72 AVE \$403 MIAMI, FL .33126

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

OB day of APRIL, 2004-

Signature(s) of Incorporator(s)

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.

	•	表示
1. The name of the co	orporation:	
Q & A DIAGNOSTIC SER	RVICES INC.	
2. The name and add office is:	ress of the registered o	agent and
ARNALDO QUINTERO	495 NW 72 AVE #403	
(P.O.	. BOX NOT ACCEPTABLE)	,
MIAMI, FL 33126		
	(CITY/STATE/ZIP)	
•		
	SIGNATURE	(file)
		<i>O</i>
	TITLE	
•		

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 I 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.

DATE___

SIGNATURE	Slo'
DATE	
LIMIE	