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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.
HEALTH MEDICAL DIAGNOSTIC SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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**ARTICLES OF INCORPORATION
OF**

HEALTH MEDICAL DIAGNOSTIC SERVICES INC.

ARTICLE I. NAME

The name of this corporation is:

HEALTH MEDICAL DIAGNOSTIC SERVICES INC.

ARTICLE II. DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue FIVE HUNDRED (500) shares of COMMON STOCK, with a par value of TEN (\$10.00) dollars each.

ARTICLE V. AMOUNT OF CAPITAL

The amount of capital with which this corporation will begin business is not less than FIVE THOUSAND (\$5,000.00) DOLLARS.

ARTICLE VI. PREEMPTIVE RIGHTS.

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of (fractional shares) at the price at which it is offered to others.

ARTICLE VII. INITIAL REGISTERED OFFICE, AGENT AND PRINCIPAL OFFICE

The street address of the initial registered office of this corporation is:

513 Ponce de Leon Blvd. Miami, Fl 33134

The name of the initial registered agent of this corporation is:

EDUARDO ARIAS

The corporation principal office shall be:

6595 NW 36TH STREET MIAMI, FL 33166

ARTICLE VIII. INITIAL BOARD OF DIRECTORS.

This corporation shall have (ONE) directors(s), initially. The number of Directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE (2).

The name(s) and address(es) of the initial Board of Director(s) of this corporation is(are):

EDUARDO ARIAS
513 Ponce de Leon Blvd.
Miami, Fl 33134

ARTICLE IX. INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X. INCORPORATORS

The name and address of the persons(s) signing these Articles of Incorporation is (are):

EDUARDO ARIAS
513 Ponce de Leon Blvd.
Miami, Fl 33134

IN WITNESS THEREOF, we (I), being all of the original subscriber(s) and incorporator(s) of this Corporation for the purpose of forming a Corporation, do make and file these Articles of Incorporation with the Secretary of the State of Florida, and accordingly set our hands and seal this 15th of October 2004.



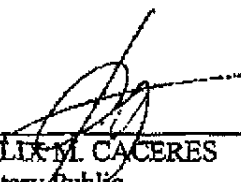
EDUARDO ARIAS

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I HEREBY CERTIFY THAT on this day, before me, a Notary Public, duly authorized in the above-mentioned State and County to take acknowledgments, personally appeared _____
_____ EDUARDO ARIAS _____

To me well know and know to be the person(s) described in and who executed these foregoing Articles of Incorporation.

WITNESS my hand and official seal in the City of Miami, County of Miami-Dade and State of Florida, this 15th day of October 2004.



FELIX M. CACERES
Notary Public



FELIX M. CACERES
MY COMMISSION # DQ 117257
EXPIRES MAY 12, 2006
Renewed From Notary Public Services

**CERTIFICATE DESIGNATING DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THE STATE OF FLORIDA NAMING AGENT WHO PROCESS MAY
BE SERVED**

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in
Compliance with said act:

First. -----HEALTH MEDICAL DIAGNOSTIC SERVICES INC.-----
Qualified to do business under the laws of the State of Florida with its principal
Office at: 6595 N.W. 36TH STREET SUITE 302 MIAMI, FL 33166
Has appointed: EDUARDO ARIAS
513 Ponce de Leon Blvd.
Miami, FL 33134

as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Corporation
At place designated in this Certificate, I hereby accept to act in this capacity, and
agree to comply with the provisions of said Act, relative to keeping open said
office.



EDUARDO ARIAS

Sworn to and subscribed before me,
This 15th Day of October 2004.



FELIX M. CACERES
Notary Public



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