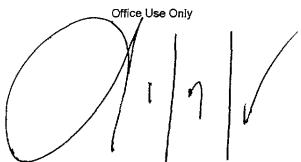
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PICK-UP	WAIT	MAIL
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LAZARUS CORPORATE FILIN	G SERVICE
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MIAMI, FLORIDA (305)552-5973	
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CORPORATION NAME(s) & DO	CUMENT NUMBER(S) (if known):
1. MEEDIAGNO	OSTIC SERVICES, INC.
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4. (Corporation Name)	(Document #)
Walk in Pick up time 2	Certified Copy
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Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Repotit	Foreign
Fictitious Name —	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other Examiner's Initials

## ARTICLES OF INCORPORATION

# ARTICLE I - NAME

The name of the corporation shall be:

N & E Diagnostic Services, Inc

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

#### ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mirelis del Sol 2211 SW 75 ave Miami Fl 33155

# **ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Mirelis del 501

2211 SW 75 ave Miami F1 33155

The undersigned incorporator has executed these Articles of Incorporation this 5 day of January 2005

Signature

# ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Mirelis del Sol. (President)

ZZII SW 75 ave Miami F 133155

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Røgistered Agent Signature