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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

endoscopy professional services, inc.

Certificate of Status	0
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Page Count	03
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ARTICLES OF INCORPORATION FOR ENDOSCOPY PROPESSIONAL SERVICES, INC.

<u>NAME</u>

The name of the corporation is: ENDOSCOPY PROFESSIONAL SERVICES, INC.

PRINCIPAL OFFICE

The principal office of the corporation is:

335 NW 105 TERR, PLANTATION,FL 33324

NUMBER OF SHARES

The number of shares the corporation is authorized to issue is 100 shares with a par value of \$1.00 each.

PREEMPTIVE RIGHTS

The Shareholders shall have the preemptive right to purchase unissued shares of the corporation.

INCORPORATOR

The name and address of each incorporator is:

Zosic Perez 335 NW 105th Terr. Plantation, FL 33324

ORK 18 AM 8: 45 ORLIARY OF STATE LANASSEE, FLORID

REGISTERED OFFICE AND AGENT

The street address of the corporation's initial registered office and the name of its initial registered agent at that office is as follows:

Zosie Perez 335 NW 105th Terr. Plantation, FL 33324

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HUDULUMDYYX

ACCEPTANCE

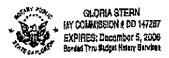
The undersigned does hereby accept his appointment as registered agent as set forth above.

			sume B H	Corez.
IN WITNESS WHEREOF the Say of Spull :	e undersign 2005.	ed incorporator l	ias hereunto set his	s Harki and seal on this
		Se Se	simi B	Ruez
STATE OF FLORIDA))		·	
COUNTY OF BROWARD)			
I HEREBY CERTIFY aforesaid and in the County at to be the person described in executed the foregoing install	foresaid to to or presented	ake acknowledgr i identification _	nents, personally 2 FL. DR. LIC	Zosie Perez to me knowand who

WITNESS my hand and official seal in the County and State last aforesaid this 15 day 2005.

Notary Public

My Commission Expires:



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