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To:
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Fax Number : (850)205-0381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

COMPLETE DIAGNOSTIC SERVICES INC.

Certificate of Status	0
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J. Shivers MAY 09 2005

Capital Connection, Inc.

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 6, 2005

CAPITAL CONNECTION

,

SUBJECT: COMPLETE DIAGNOSTIC SERVICES INC.
REF: W05000023036

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

List the Registered Agents and Incorporators name in the articles.

If you have any further questions concerning your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be:
COMPLETE DIAGNOSTIC SERVICES INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
9806 S.W. 57TH STREET
Cooper City, FL 33328

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO OFFER X-RAY, RANGES of MOTION, AND MUSCLE TESTING IN CLINICS THAT ARE NOT SET UP for THIS SERVICES.

ARTICLE IV SHARES
The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):
① DR. PETER REITER / CEO
9806 S.W. 57TH ST.
Cooper City, FL, 33328
② DENNER FERNANDES / PRES. 5761 RIVERSIDE DRIVE # 201
CORAL SPRINGS FL 33067

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
9806 S.W. 57TH STREET
Cooper City FL 33328 Dr. Peter Reiter

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
9806 S.W. 57TH STREET
Cooper City FL 33328 Dr. Peter Reiter

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent — Date 5/5/05

Signature/Incorporator — Date 5/5/05