

705 000085958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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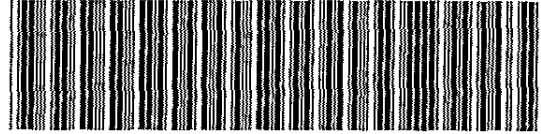
(Business Entity Name)

(Document Number)

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J. Shivers JUN 15 2005

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: SPECIALTY DIAGNOSTIC SERVICE CENTER, INC.
(Proposed corporate name- must include suffix)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

(x) \$70.00 () \$78.75 () \$122.50 () \$131.25

FROM: JOSE L. CUESTA-NOVOA

Name (printed or typed)

315 NE 154 Street

Address

Miami, Florida 33162

City, State & Zip

(305) 944-6786

Daytime Telephone Number

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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NOTE: Please provides the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SPECIALTY DIAGNOSTIC SERVICE CENTER, INC.

ARTICLE II PRINCIPLE OFFICE

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

315 NE 154 Street
Miami, Florida 33162

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose L. Cuesta-Novoa
315 NW 154 Street
Miami, Florida 33162

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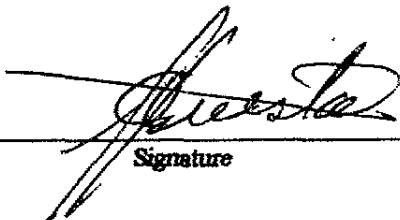
ARTICLE V INCORPORATOR (S)

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

Jose L. Cuesta-Novoa
315 NE 154 Street
Miami, Florida 33162

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this

10th day of JUNE, 2005.



Signature

Signature

-----o0o-----

Signature

Articles of Incorporation
Filing Fee- \$35

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

1. The name of the corporation is: SPECIALTY DIAGNOSTIC SERVICE CENTER, INC.

2. The name and address of the registered agent and office is:

JOSE L. CUESTA-NOVOA

315 NE 154 Street

(P.O. Box not acceptable)

Miami, Florida 33162

(City/ State/ Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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