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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

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Account Number : 072450003255
Phone : (305) 634-3694
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FLORIDA PROFIT CORPORATION OR P.A.

miami lakes diagnostic, inc.

Certificate of Status	0
Certified Copy	1
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7-18-05

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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:

MIAMI LAKES DIAGNOSTIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

7777 NW 169 TERRACE MIAMI LAKES FL 33016-8424

ARTICLE III SHARES

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

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**MARIA DE L LUGO
7777 NW 169 TERRACE
MIAMI LAKES FL 33016-8424**

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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):

**MARIA DE L LUGO
7777 NW 169 TER
MIAMI LAKES FL 33016-8424**


ARTICLE VI OFFICERS

**PRESIDENT MARIA DE L LUGO
7777 NW 169 TER
MIAMI LAKES FL 33016-8424**

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

15 day of July, 2005

(An additional article must be added if an effective date is requested.)

_____

President

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:

MIAMI LAKES DIAGNOSTIC, INC.

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

MARIA DE L LUGO

7777 NW 169 TERRACE

(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)

Miami Lakes FL 33016-8424

(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

07/15/2005

M. Lugo
(SIGNATURE)

(DATE)

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

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