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T. Burch JUL 25 2005

TRANSMITTAL LETTER

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

SUBJECT: X-E	BOX Mobile Xray, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee		Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		Status ADDITIONAL COPY REQUIRED	
FROM:	Spencer H. Baron, DC.		
110111.	Name (Printed or typed)		
	1948 NE 123rd Street		
		Address	
	North Miami, Florida 33181		
	City	, State & Zip	
	(305) 891-2520		
•	Daytime	Telephone number	

NOTE: Please provide the original and one copy of the articles.

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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:

X-Box Mobile Xray, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1948 NE 123rd Street
North Miami, Florida 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare - Xray Diagnostics

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Spencer H. Baron, DC. 1948 NE 123rd Street North Miami, Florida 33181

President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Spencer H. Baron, DC. 1948 NE 123rd Street North Miami, Florida 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Spencer H. Baron, DC. 1948 NE 123rd Street North Miami, Florida 33181

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

Agnature/Registered Agent

Signature/Incorporator

7/18/05