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Florida Department of State
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Division of Corporations
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From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

2005 DEC 12 AM 11:12
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

DMC Open MRI PA

Certificate of Status	1
Certified Copy	0
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gr 12/13/05

ARTICLES OF INCORPORATION

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2005 DEC 12 AM 11:12
TALLAHASSEE FLORIDA

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:

DMC Open MRI PA

ARTICLE II PRINCIPAL OFFICE

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

**DMC Open MRI PA
6767 Collins Avenue, Apt. 303
Miami Beach, FL 33141-3204**

ARTICLE III SHARES

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

1,500 SHARES @ No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Chiropractor**

Prepared By:
**Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940**

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Dr. Valentin Diaz
6767 Collins Avenue, Apt. 303
Miami Beach, FL 33141-3204**

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Dr. Valentin Diaz - President
6767 Collins Avenue, Apt. 303
Miami Beach, FL 33141-3204**


ARTICLES VII INCORPORATOR(S)

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

**Dr. Valentin Diaz
6767 Collins Avenue, Apt. 303
Miami Beach, FL 33141-3204**

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

7th day of December 2005.


Dr. Valentin Diaz
SIGNATURE

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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: DMC Open MRI PA

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

Dr. Valentin Diaz

Name

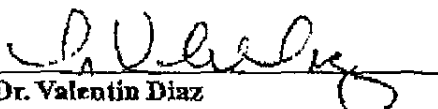
6767 Collins Avenue, Apt. 303

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami Beach, FL 33141-3204

(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Dr. Valentin Diaz
SIGNATURE

December 7, 2005
(Date)