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CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S), (if known):			
BEST DIAGNOSTIC	CENTER INC			
(Corporation Name)	(Document #)			
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NEW FILINGS	AMENDMENTS			
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger			
OTHER FILINGS	REGISTRATION/QUALIFICATION			
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other			

Examiner's Initials

CR2E031(7/97)

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ARTICLES OF INCORPORATION SECRETARY OF STATE 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:

Best Diagnostic Center Inc.

ARTICLE II - PRINCIPAL OFFICE

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

1942 Monroe St. Suite #3 Hollywood. FL. 33020

ARTICLE III - SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ariel Justo 1942 Monroe St. Surk #3 Hollywood, FL. 33020

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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and stre incorporation is:	Ariel J	octo		
The undersigned in	Hellywon corporator h	As execut	33020 ted these Ar 2006	ticles of
	Dru	of Fa	ulo	

ARTICLE VI- DIRECTOR (S)

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

Aviel Justo (P) 1942 Monroe St. Suite#3 Hollywood, FL 33020

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

Registered Agent Signature