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DUFFON OF CORPORATION
DIVISION OF CORPORATION

# LAZARUS CORPORATE FILING SERVICE

3320 SW 87 <sup>TH</sup> AVENUE			
MIAMI, FL 33165 (305) 552-59	73		
•		Office Use Only	
CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if k	nown):	
1. EXPERT DIACO	(Document #)	INC.	
	78		
2. (Corporation Name)	(Document #)		•
3.			
(Corporation Name)	(Document #)	,	
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(Corporation Name)	(Document #)		
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		Examiner's Initials	

CR2E031(7/97)

FAX NO. : 3052201440

FROM : LAZARUS

#### 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.

The name of the corporation shall be:

EXPERT Diagnostic Inc.

ARTICLE II - PRINCIPAL OFFICE

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

2140 West Plagler Street Suites 111

Mami - Florida - 33135

### **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:

SILVANIA BATISTA TRISTAO

2140 WEST FlaG/ER STREET

SUITE 110 — MIAMI — FloRIDA

33135

#### ARTICLE V - INCORPORATOR

the name and street address of the incorporator to these Articles of		
SILVANIA BATISTA TRISTAO 240WEST FLAGLER STREET SUITE	- 11	].
MIAMI - FORIDA - 33135	_	
The undersigned incorporator has executed these Articles of	7 #/	~~
Incorporation this 24 day of Signature 2007  Signature 2007  Signature 2007	07 HAY 25 AM 10: 57	APPI-COVEL FILED
ARTICLE VI- DIRECTOR(S)		
The name(s) and street address (es) of the director(s) to these Articles of		
SILVANIA BATISTA TRISTAO  (PRESIDENT)		

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