

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations Fax Number

: (850)617-6381

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019

(305) 552-5973

Phone

Fax Number

: (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

BALANCE DIAGNOSTIC CENTER, CORP

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10/29/2008 10:59 AM

FROM : LAZARUS

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Oct. 29 2008 11;31AM P2

08 OCT 29 PH 1:48

ALLAHASSEE FSTATE

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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.

<u>ARTICLE I – NAME</u>

The name of the corporation shall be:

BALANCE DIAGNOSTIC LENTER, COPP

ARTICLE II - PRINCIPAL OFFICE

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

7200 NW 7#STREET SUITE 120B MIAMI, FL 33/26

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:

JOSE J. CASTANEDA 7200 NW 7th STREET SUITE 120B MIAMI, FL 331ZG H08000245693 FAX NO. :3052201440

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SECRETARY OF STATE
ALLAHASSEE, FLORIUM

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

JOSE J. CASTANEDA 7200 NW 7th STREET SUITE 120B MIMMI, FL 33126

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

2 9 DAY OF

., 200 8

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Jose J. Castaneda - President Tie QiAN. M.D. - Director

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

DFFICE

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

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