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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Phone

Account Number : 120000000257 1 (850)224-8870

Fax Number

: (B50)222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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K-MP-11	ACCTOSS:			

FLORIDA PROFIT/NON PROFIT CORPORATION VISION DIAGNOSTIC SERVICES, INC

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STAT

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:

Diagnostic Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 4661 Johnson Road, Ste 4

Coconut Creek, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical services

<u>ARTICLE</u> IV

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

Stephanie tallon, President

4661 Johnson Road, Ste 4

Coconut Creek, FL 33073

REGISTERED AGENT

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

phanie Fallon, President of Johnson Road, Stet

oconut Creek, FL 33073

The nume and address of the Incorporator is:

Fallon, President Road, St4

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 artifaccent the appointment as registered agent and agree to act in this capacity

Signature Registered Agent

Signature/Incorporator

Date

Date