

REFERENCE: 849681 82363A

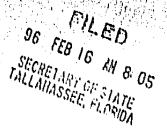
AUTHORIZATION :		
COST LIMIT : 9	PREPAID	
ORDER DATE: February 16, 19	96	
ORDER TIME : 9:25 AM ORDER NO. : 849681	handel a termina or by the	800001716958 -02/16/9601049009 ******70.00 *****70.00
CUSTOMER: No: 82363A CUSTOMER: Harold L. Benjamin HAROLD L. BENJAMIN	, Cpa	
6208 Pembroke Road Mirimar, FL 33023		21A13 96
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NAME: ABLE DIAGNOS	TIC, INC.	OENED
EFFECTIVE DA	TE:	<u>Q</u> 8
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED IN		96 F SECRE
PLEASE RETURN THE FOLLOWING AS	5 PROOF OF FILING:	FIL FEB 16 RETARY 1
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD ST	FANDING	ED AH 8: OF STAT
CONTACT PERSON: CAROL HENSAL		05 A

EXAMINER'S INITIALS:

CERTIFICATE OF INCORPORATION

OF

ABLE DIAGNOSTIC, INC.



ARTICLE I: NAME

The name of this corporation is: ABLE DIAGNOSTIC, INC.

ARTICLE II: NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is to do all things which natural persons might or could lawfully do in the premises as follows: HEALTH SERVICES

ARTICLE III: CAPITAL STOCK

This corporation is authorized to issue ONE HUNDRED (100) SHARES of common stock with a par value of ONE DOLLAR (\$1.00) for each share.

ARTICLE IV: INITIAL CAPITAL

The amount of capital with which this Corporation will begin doing business is ONE HUNDRED (\$100.00) DOLLARS.

ARTICLE V: TERM OF EXISTENCE

This Corporation shall have perpetual existence unless dissolved by action of law.

ARTICLE VI: ADDRESS

The initial post office address of this Corporation in the State of Florida is:

2611 N. HIATUS ROAD #116 COOPER CITY, FL 33026

ARTICLE VII: DIRECTORS

This Corporation shall not have less than one (1) Director initially. The number of Directors may be increased from time to time as the stockholders desire, in accordance with the by-laws hereof, but at no time shall there be a number less than one.

ABLE DIAGNOSTIC, INC. Page 2

ARTICLE VIII: INITIAL DIRECTORS AND OFFICERS

The names and post office addresses of the first Board of Directors and Officers of this Corporation are as follows:

Namo	Address	Title	Offic	
ALICE SHAPIRIO	2611 N HIATUS ROAD #151 COOPER CITY, FL 33026	PRES.	DIRECTOR	
HARLEY LEWIN	2611 N HIATUS ROAD #151 COOPER CITY, FL 33026	V.P.	DIRECTOR	

ARTICLE IX: SUBSCRIBERS

The names and post office address of each subscriber to these Articles of Incorporation, the number of stock each agrees to take and the value of the consideration paid therefore are as follows:

Name	Addres	Shares	Paid	
ALICE SHAPIRO	2611 N. HIATUS ROAD #116 COOPER CITY, FL 33024	50	\$	50.
HARLEY LEWIN	2611 N. HIATUS ROAD #116 COOPER CITY, FL 33024	50	\$	50.

ARTICLE X: AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders and approved by a majority of the Stockholders.

IN WITNESS WHEREOF we have hereunto set our hands and seals this day of FEBRUAREN _, 1996

HARLEY LEWIN

Kilda Daye T HILDA FAYE KELLY My Commission CC409798 Expires Sep. 26, 1995 Bonded by ANB 800-852-5878

ABLE DIAGNOSTIC, INC. PAGE 3

STATE OF FLORIDA COUNTY OF BROWARD

I hereby certify that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared HARLEY LEWIN to me known to be the person described as subscriber herein and who executed the foregoing articles of incorporation, and who acknowledged before me that he subscribed to those articles of incorporation. Witness my hand and official seal this _/5 day of FEBRUACH_____, 1996.



Notary Public Kell

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with section 48.091, Florida Statutes, the following is submitted:

That ABLE DIAGNOSTIC, INC. desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at COOPER CITY, FLORIDA has named MARLEY LEWIN located at 2611 N. HIATUS RD #116, COOPER CITY, FLORIDA business within Florida.

HARLEY LEWIN

DATE

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

HARLEY LEWIN