

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0300 FAX

800-342-8086



849681/4963

ACCOUNT NO. : 072100000032

REFERENCE : 849681 82363A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : February 16, 1996

ORDER TIME : 9:25 AM

ORDER NO. : 849681

CUSTOMER NO: 82363A

CUSTOMER: Harold L. Benjamin, Cpa
HAROLD L. BENJAMIN, CPA

6208 Pembroke Road

Mirimar, FL 33023

DOMESTIC FILING

NAME: ABLE DIAGNOSTIC, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CAROL HENSAL

EXAMINER'S INITIALS: _____

800001716958
-02/16/96--01049--009
*****70.00 *****70.00

RECEIVED
96 FEB 16 AM 11:18
DIVISION OF CORPORATION

FILED
96 FEB 16 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BROWN FEB 19 1996

**CERTIFICATE OF INCORPORATION
OF
ABLE DIAGNOSTIC, INC.**

FILED
96 FEB 16 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ADLE DIAGNOSTIC, INC.
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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:

Name	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	Address	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
15 day of FEBRUARY, 1996



HARLEY LEWIN



HILDA FAYE KELLY
My Commission CC-606798
Expires Sep. 28, 1998
Bonded by ANG
800-852-5878

ABLE DIAGNOSTIC, INC.
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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 15 day of FEBRUARY, 1996.

My Commission Expires
 HILDA FAYE KELLY
My Commission CC-00798
Expires Sep. 20, 1998
Bonded by ANLI
800-852-5678

Hilda Faye Kelly
Notary Public

**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 HARLEY LEWIN located at 2611 N. HIATUS RD #116, COOPER CITY, FL to accept service of process 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