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May 22, 1996

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FILED  
JUN 3 1996  
TALLAHASSEE, FLORIDA  
TAX (407) 321-1407  
P 3-32

Corporate Records Bureau  
Division of Corporations  
DEPARTMENT OF STATE  
Post Office Box 6327  
Tallahassee, Florida 32314

000001876190  
-06/25/96--D1068--012  
\*\*\*122.50 \*\*\*122.50

Re: CERTIFIED MEDICAL IMAGING, INC.

Gentlemen:

Enclosed please find my Trust Account check payable to your order in the amount of \$122.50, Articles of Incorporation and copy of Articles.

Amounts on the enclosed check are broken down as follows:

- \$35.00 - Filing Fee
- \$35.00 - Designating Registered Agent
- \$52.50 - Certified copy of Articles of Incorporation

Please file the enclosed Articles and return a certified copy of same to me at your earliest convenience.

Thank you for your assistance.

Very truly yours,

  
James A. Barks

JAB/lw

Enclosure

6/26/96  
TJ

ARTICLES OF INCORPORATION  
OF  
CERTIFIED MEDICAL IMAGING, INC.

FILED  
JUN 25 PM 3:32  
TALLAHASSEE, FLORIDA

The undersigned Incorporators to these Articles of Incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation is: CERTIFIED MEDICAL IMAGING, INC.

ARTICLE II. COMMENCEMENT AND DURATION

Corporate existence of this corporation shall commence upon the filing of these Articles of Incorporation by the Department of State of the State of Florida, and this corporation is to exist perpetually.

ARTICLE III. GENERAL PURPOSE

The general purpose of the business to be transacted by this corporation is to engage in any and all lawful business permitted under the Laws of the United States and the Laws of the State of Florida, except to do business as a bank, railroad, canal, or telephone or telegraph company.

ARTICLE IV. NUMBER OF SHARES

The maximum number of stock that this corporation is authorized to issue is: 1,000 shares of common stock with \$1.00 par value per share, said shares shall be of the same class without preference.

ARTICLE V. INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this corporation is 4417 S.W. 35th Avenue, Ft. Lauderdale, Florida 33312, and the name of the initial registered agent of this corporation is CHARLES E. SKELTON.

**ARTICLE VI. INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than one

(1). The name and address of the initial directors of this corporation are:

CHARLES E. SKELTON  
4417 S.W. 35th Avenue  
Ft. Lauderdale, Florida 33312

**ARTICLE VII. INCORPORATORS**

The names and addresses of the persons signing these articles are:

CHARLES E. SKELTON  
4417 S.W. 35th Avenue  
Ft. Lauderdale, Florida 33312

**ARTICLE VIII. AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to these reservations.

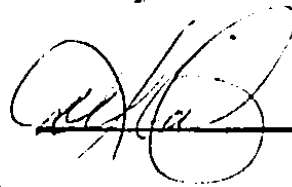
IN WITNESS WHEREOF, the undersigned subscribers executed these Articles of Incorporation this 20 day of June, 1996.

  
\_\_\_\_\_  
Charles E. Skelton, Incorporator

STATE OF NEW YORK

COUNTY OF NASSAU

The foregoing instrument was acknowledged before me this 21 day of June, 1996,  
1996, by CHARLES E. SKELTON, who is personally known to me or has produced  
F.D. Delic & Mc as identification

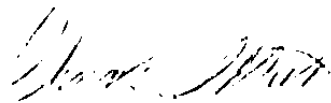


DEBORAH J. CONNELLY  
Notary Public, State of New York  
No. 41-4916949  
Qualified in Nassau County  
Commission Expires Dec. 18, 1997

FILED  
JUN 25 PM 3:32  
TREASURY, FLORIDA

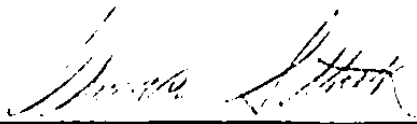
**CERTIFICATE DESIGNATING REGISTERED AGENT AND  
STREET ADDRESS OF THE OFFICE FOR SERVICE OF PROCESS  
WITHIN THIS STATE**

Pursuant to Florida Statutes, this is to certify that **CERTIFIED MEDICAL IMAGING, INC.**, a corporation duly organized and existing under the Laws of the State of Florida, has named **CHARLES E. SKELTON**, 4417 S.W. 35th Avenue, Ft. Lauderdale, Florida 33312 , as its agent to accept service of process within this State and the said address as the office for such service of process.

  
\_\_\_\_\_  
President

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above State corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of the Florida Statutes relative thereto.

By:   
\_\_\_\_\_  
Registered Agent