

TRANSMITTAL LETTER

Proposed corporate name - must include suffix

Be 8/15

NOTE: Please provide the original and one copy of the articles.

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.

ARTICLE I NAME

The name of the corporation shall be:

Osteoporosis Diagnostic Center of Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*#11090 S.W. 62 Terrace
Miami, Florida 33173.*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Mr. Roberto Gonzalez
#7550 S.W. 28 St.
Miami, Florida 33155*

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

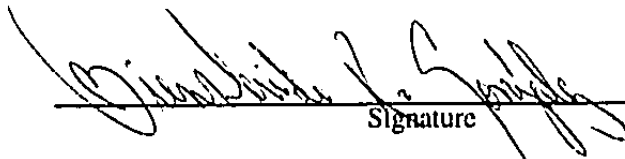
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Mr. Roberto Gonzalez #7550 SW 28 ST Miami FL 33155
Mrs. Barbara M. Valdes-Gonzalez #7550 SW 28 ST Miami FL 33155
Mrs. Anna Gonzalez #11090 SW 62 Terr. Miami FL 33173
Miss. Annny K. Gonzalez #11090 SW 62 Terr. Miami FL 33173.
Mr. Bienvenido K. Gonzalez R.T. (R) #11090 SW 62 Terr Miami FL 33173.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7 day of August, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Osteoporosis Diagnostic
Center of Miami, Inc.

2. The name and address of the registered agent and office is:

Mr. Roberto Gonzalez
(NAME)
#7550 SW 28 St.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Miami, Florida 33155
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(SIGNATURE)

August 7, 1996
(DATE)