

Department of State Divisions of Corporations P.O. Box 6327 Tallahussee, FL 32314

100001932021 -08/26/96--01026--009 ++++122.50 ++++122.50

SUBJECT:		IAGNOSTIC, INC. ite name - muse include	suffix)		
Enclosed is an or	iginal and one (1) copy	of the articles of incorpo	ration and a check for:		
\$70.00	\$78,75	x_ \$122.50	\$131.25		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
r ming v co	& Certificate	& Certified Copy	Certified Copy & Certificate		
	ADDITIONAL COPY REQUIRED				
F		O'Rourke Name (printed or ty 7.7th Street	ped) William 98 William 198		
Address					
Boca Raton, Florida 33486					
		City, State & Zip	TATE		
561-394-5697					
		Daytime Telephone Nu	ımber		
		AUG 2 7 1996	35B		

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

ARTICLE OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

Solution 23 Pri 3.

The name of the corporation shall be:

Trinity Diagnostic, Inc.

ARTICLE II PRINCIPAL OFFICE

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

744 N.W. 7th Street Boca Raton, Florida 33486

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barbara O'Rourke 744 N.W. 7th Street Boca Raton, FL 33486

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Barbara O'Rourke 744 N.W. 7th Street Boca Raton, Fl 33486

The undersigned inc	orporator(s) has (have)	executed these Articles of Incorporation this, 19 _96
	Sarbara Ø'Rourke	Signature Signature
		Signature
		Signature

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:Trinity Diagnostic, Inc.	
2.	The name and address of the registered agent and office is:	1623 PH 2
	Barbara O'Rourke	المالية المالية
	(Name)	
	744 N.W. 7th Street (P.O. Box or Mail Drip Box: NOT: ACCEPTABLE)	
	Boen Raton, FL 33486 (CITY/STATE/ZIP)	

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) (DATE)