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EMPIRE CORPORATE KIT

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FLORIDA DIVISION OF CORPORATIONS  
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NAME: MEDPORT DIAGNOSTICS, INC.

AUDIT NUMBER.....H96000017288

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 4

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ARTICLES OF INCORPORATION  
OF  
MEDPORT DIAGNOSTICS, INC.

H96000017288

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:

MEDPORT DIAGNOSTICS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2327 Shenandoah Street  
Lakeland, FL 33813

ARTICLE II SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Karen Sugerman, Esq.  
18301 Biscayne Boulevard  
Second Floor  
Aventura, Fl 33160

Prepared by:  
Karen Sugerman, Esq.  
18301 Biscayne Boulevard  
Second Floor  
Aventura, Fl 33160  
(305) 936-8891

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ARTICLE VI INCORPORATOR(S)

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

James Allen  
2327 Shenandoah Street  
Lakeland, FL 33813

The undersigned incorporator(s) have executed these articles of incorporation this 9th day of December, 1996.

  
JAMES ALLEN

H96000017288

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

H96000017288

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: MEDPORT Diagnostics INC.

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

Karen Sugerman, Esq.

(NAME)

18301 Biscayne Blvd., 2nd Floor

(P.O. BOX NOT ACCEPTABLE)

Aventura, Florida 33160

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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 Karen Sugerman

DATE 12/05/96

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