City/State/	Office Use O	533715 9701037001 2.50 ****122.50
	NAME(S) & DOCUMENT NUMBER(S), (if known):	
3. (Corp. 4. (Corp.	poration Name) (Document #) (Document #)	97 APR 24 PH 3: 02
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal /	
Other	Merger	
Annual Report Fictitious Name Name Reservation	REGISTRATION OUALIFICATION Foreign Limited Partnership Reinstalement Trademark Other	67 July 13 Cares
	Examiner's Initials	

ARTICLES OF INCORPORATION

97 APR 24 PH 3: 0
SECRETARY OF STATIONION

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

ARTICLE I NAME

The name of the corporation shall be: PROFESSIONAL PHYSICIANS DIAG RADIOLOGY INC.

ARTICLE II PRINCIPAL OFFICE

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

938 SW 82 AVE, MIAMAI FLA 33144 PO BOX 650998 MIAMI, FLA 33265

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALFREDO SANCHEZ (ACCOUNTANT) 5200 SW 8 STREET, SUITE 202 A CORAL GABLES, FLA, 33134

ARTICLE V INCORPORATOR(S)

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

LAZARO RENE FERNANDEZ (PREMDENT)4476 NW 185 st, carol city WILFREDO FERNANDEZ (SECRETARY TREASURER)
5001 sw 94 ct, Miami, Fla 33165

ARTICLE VI DIRECTOR(S)

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

WILFREDO FERNANDEZ,5001 SW 94 CT, MIAMI, FLA 33165

The undersigned incorporator(s) has(have) e	executed these Articles of Incorporation this
23rd day ofAPRIL	, 1997
	14-one rules
	Signatura
	Signature
	Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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: PROFESSIONAL PHYSICIANS DIAGNOSTIC RADIOLOGY INC
2. The name and address of the registered agent and office is:
ALFREDO SANCHEZ (ACCOUNTANT) (NAME)
5200 SW 8 ST. SHITE 202A (P.O. BOX NOT ACCEPTABLE)
CORAL GABLES, FLA. 33134
(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 (CAN CA)
DATE APRIL 23rd 1997 ST 2