OCT-02-1997 12:

(((H97000016389 3)))

TO: DIVISION OF CORPORATIONS (850)922-4001

FAX #:

FROM: THE COMPANY CORPORATION

076660001006

ACCT#:

CONTACT: REGINA CEPHAS PHONE: (302)575-0440

FAX #:

(302)575-1346

NAME: INTEGRATIVE DIAGNOSTICS, INC.

AUDIT NUMBER..... H97000016389

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

CERT. OF STATUS...O

PAGE5..... 3 DEL.METHOD.. FAX

CERT. COPIES.....0

\$70.00 EST.CHARGE.. NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE

FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND (CR):

ne 10/2/97

ARTICLES OF INCORPORATION OF

97 OCT -2 PM 1: 05

H97000016389

Integrative Diagnostics, Inc.

SEURTARI DE STATE TALLAHASSEE, FLORIDA

The undersigned natural person(s), of the age of 21 or more, acting to form a corporation under the corporate laws of the state of Florida do hereby certify the following:

FIRST:

The name of the corporation shall be Integrative Diagnostics,

Inc.

SECOND:

The address of the initial registered office of the corporation is 10022 SW 77th Court, Miami, FL 33156, County of Dade. The name of the registered agent located at said address is

Luis Fuentes.

THIRD:

The principal address of the corporation is 229 Countryside Key,

Oldsmar, FL 34677.

FOURTH:

The purpose for which this corporation is organized shall be to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

HTTI

The total authorized stock of this corporation is divided into 100 shares at no par value.

SIXTH:

The number of directors constituting the initial board of directors is two, and the name(s) and address(es) of who will serve as director(s) until the first annual meeting of shareholders or until the successor(s) is/are as follows:

Dr. Luis Fuentes 10022 SW 77th Court, Miami, FL 33156. Kristine Fuentes 10022 SW 77th Court, Miami, FL 33156.

SEVENTH: The duration of the corporation is perpetual.

EIGHT:

This is a Close Corporation.

NINTH:

The name(s) and address(es) of the person(s) who is to act as incorporator(s) is as follows:

Wendy Snow

c/o The Company Corporation

H97000016389

1313 N. Market Street, Wilmington, DE 19801.

This document was prepared by Wendy Snow, 1313 N. Harket Street Wilmington, DE 19801 (302) 575-0440

We (I), the undersigned, being all the incorporators of the corporation identified above, declare that we have examined the foregoing this 19th day of August,

State of Delaware County of New Castle

THE FOREGOING instrument was acknowledged and swom to before me this 19th day of August, 1997 by Wendy Snow.

REGINA CEPHAS NOTARY PUBLIC DELAWARE Appointed February 11, 1995 Tem 4 Years

This document was prepared by Wendy Snow, 1313 N. Market Street, Wilmington, DE 19801. (302) 575-0440.

H97000016389

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS MAY BE SERVED.

In compliance with Section 43.091, Florida Statutes, the following is submitted:

First this Integrative Diagnois Inc.		
desiring to organize under the laws of the State of Florida with	its princi	 pal
place of business located in the city of Mauni	, State	o£
Florida, has named his trunts	located	at
10022 SW 77 CF	•	
Meani Fl. 33146 as its agent for	e service	of
process within Florida.		J -

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Data

TILEU

7 OCT -2 PH 1: 05

ECREIANT OF STATE
ALLAHASSEE ELORIDA

H97000016389