

P97000099244

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 5327
Tallahassee, FL 32314

SUBJECT : SPEECH & IMAGING DIAGNOSTICS, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$87.50.

FROM:

Jeffrey I. Lewis

934 North University Drive, Suite 555

Coral Springs, FL 33071

(954) 777-2365

400002351774--7
-11/19/97--01053--006
*****87.50 *****87.50

400002351774--7
-11/21/97--01015--002
*****35.00 *****35.00

FILED
97 NOV 19 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97-11-21-97

ARTICLES OF INCORPORATION

OF

Speech & Imaging Diagnostics, Inc.

ARTICLE I NAME

The name of the corporation shall be: **Speech & Imaging Diagnostics, Inc.**

ARTICLE II PRINCIPAL OFFICE

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

934 North University Drive, Suite 555

Coral Springs, FL 33071

ARTICLE III CAPITAL STOCK

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 ADDRESS

The name and address of the initial registered agent is:

Jeffrey I. Lewis

934 North University Drive, Suite 555

Coral Springs, FL 33071

ARTICLE V INCORPORATOR

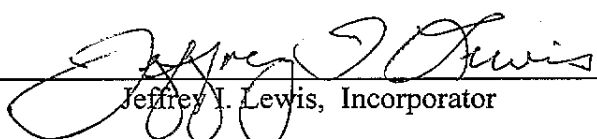
The name and street address of the incorporator to these Articles of Incorporation is:

Jeffrey I. Lewis

934 North University Drive, Suite 555

Coral Springs, FL 33071

The undersigned has executed these Articles of Incorporation this Seventeenth day of November 1997.


Jeffrey I. Lewis, Incorporator

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TALLAHASSEE, FLORIDA

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: SPEECH & IMAGING DIAGNOSTICS, INC.

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

Jeffrey I. Lewis

934 North University Drive, Suite 555

Coral Springs, FL 33071

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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

DATE

REGISTERED AGENT FILING FEE: \$35.00