TRANSMITTAL LETTER

98 MAR 30 AM 9: 26

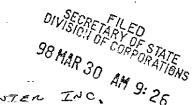
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT: CO CON UT CREEK IMIACING CENTER INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$122.50 \$131.25 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate Additional Copy Required JACQUELINE M. Name (printed or typed) 1853 NW 94 PO AVE ORAL SPRINGS F L 33071-8956 City, State & Zip 954) 344-820 9 Daytime Telephone number

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



ARTICLES OF INCORPORATION

COCONUT CRECK IMIAGING CENTER INC.

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: COCNUT ERECK IMIALING CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

1495 LYONS ROAD

COCONUT CREEK FL 33063

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 NO PAR, VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JACQUELINE M. ZIEGLER ESq. 1853 NW 94 PAVE

CONAL SPRINGS FL 33071-8956

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

POMPANO BEACA FL. 33062

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27⁷² day of MARCH, 1998

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF OIVISION OF PORTIFIC THE OFFICE SMAR 30 AM 9: 26

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.

The name of the corporation is:	COCONUT	CREEK IMIAGING	CENTER IN	C

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

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.

GEGNATURE) 3/27/98 (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314