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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

--KEY--

FROM: FAS-T CORP. AGENTS. INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: J & L DIAGNOSTIC CENTER COPR. AUDIT NUMBER..... H98000012736

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

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ne 7/9/98



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 9, 1998

FAS-T CORP. AGENTS, INC.

SUBJECT: J & L DIAGNOSTIC CENTER CORP.

REF: W98000015625

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ON THE CERTIFICATE OF DESIGNATION FORM ON THE R.A. NAME THE LINE GOES RIGHT THROUGH THE NAME. PLEASE TYPE ON THE LINE AND ALSO THE ADDRESS

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ARTICLES OF INCORPORATION OF

98 JUL -9 PM 3: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

J & L DIAGNOSTIC CENTER CORP.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE: J & I. DIAGNOSTIC CENTER CORP.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE: 12401 West Okeachobee Road #26, Mialeah, Florida, 33018

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 Shares at \$1.00 each.

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS (ARE):

Prepared by:

Jose F. Rubic 230 East 52nd. St. Hialeah, Fla. 33013 305-953-1717 JOSE F. RUBIO 12401 West Okeechobee Rd. #26 Hialeah, Florida, 33018

ARTICLE VLINCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATION IS (ARE):

JOSE F. RUBIO 12401 West Okeechobee Rd. #26 Hialeah, Florida, 33018

IN WITNESS WHEREOF, THE UNI	DERSIGNED INCORPORATOR(S) HAS (HAVE)
EXECUTED THESE ARTICLES OF	INCORPORATION THIS 94h
DAY OF	

SIGNATURE (S) OF INCORPORATOR (S)

CERTIFICATE OF DESIGNATION REGISTERD AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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.

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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES. SIGNATURE DATE JULY 9, 1998.	1. THE NAME OF THE CORPORATION:
JOSE F. RUBIO 12401 West Okeechobee Rd. #26 (P.O. BOX NOT ACCEPTABLE) Hizleah, Fl. 33018 (CITY/STATEZIP) SIGNATURE ARE 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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES. SIGNATURE ARE TO DATE JULY 9, 1998.	J & L DIAGNOSTIC CENTER CORP.
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Hialeah, F1. 33018 (CITY/STATE/ZIP) SIGNATURE	JOSE F. RUBIO 12401 West Okeechobee Rd. #26
CITY/STATE/ZIP) SIGNATURE TITLE PRESTDENT DATE JULY 9 LOOS 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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES. SIGNATURE DATE JULY 9, 1998.	(P.O. BOX NOT ACCEPTABLE)
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