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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF INCORPORATION

OF

ADVANCED DIAGNOSTICS & MEDICAL, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is ADVANCED DIAGNOSTICS & MEDICAL, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is P.O. BOX 21287, TAMPA, FL 33622.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$.10) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is G. MICHAEL NELSON, 3333 WEST KENNEDY BLVD., SUITE 103, TAMPA, FL 33609.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is KENNETH M. SOHL, 3333 WEST KENENDY BLVD., SUITE 100, TAMPA, FL 33609.

The undersigned has executed these Articles of Incorporation this 2nd day of November, 1998.

"Capital Connection, Inc. by Lauren Strong, Client Representative"

Lauren Strong

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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:	ADVANCED DIAGNOSTICS & MEDICAL, INC
2.	The name and street address of th	ne registered agent and office is:
	G. MICHAEL	NELSON
	3333 WEST K	ENNEDY BLVD. SUITE 103
	TAMPA, FL.	33609

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.

Signaturé

G. MICHAEL NELSON

Printed Name