
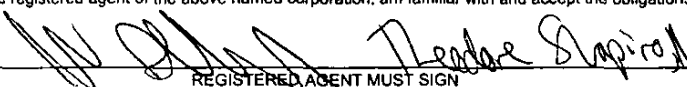
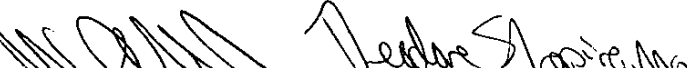


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
37 SEP -6 PM 3: 28

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: center;">37 SEP -6 PM 3: 28</div>	
DOCUMENT # P99000046881					
1. Corporation Name SOUNDCARE DIAGNOSTICS, INC.					
2. Principal Office Address - No P.O. Box # 3550 BISCAYNE BLVD.		3. Mailing Office Address 3550 BISCAYNE BLVD.			
Suite, Apt. #, etc. #305		Suite, Apt. #, etc. #305			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33137	Country US	Zip 33137	Country US		
		4. Date Incorporated or Qualified To Do Business in Florida		05/24/1999	
		5. FEI Number 65-0921315		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name THEODORE C. SHAPIRO					
Street Address (P.O. Box Number is Not Acceptable) 3550 BISCAYNE BLVD.					
Suite, Apt. #, Etc. #305					
City MIAMI, FL		State FL	Zip Code 33137		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent				Date 09/04/2007	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
MGR	THEODORE C. SHAPIRO	3550 BISCAYNE BLVD. #305	MIAMI, FL, 33137		
REINSTATEMENT		02-07 B 9/7/07			
		400109129434 09/05/07--01016--010 **1500.00			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:				Date 9-5-07 35-573-0095	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	