P99000072371

(SAMPLE LETTER OF TRANSMITTAL)

Date August 1, 1999

Secretary of State
Division of Corporations
P. O. Box 6327
Talahassee, FL 32314

500002953495--0
-08/09/99--01021--002
****122.50 *****78.75

Re: CERTIFIED HEALTH SCREENING INSTITUTE Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of $122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

FILED
99 AUG -9 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

GARY GOYKHMAN
(individual's name)

CERTIFIED HEALTH SCREENING INSTITUTE, INC.
(name of corporation)

MAILING ADDRESS OF CORPORATION

4721 NW 115th TERRACE
PARKLAND, FL 33076

PHONE
(954) 977-2496
Area Code Number Ext.

8-13-99
4

Seminole Form 215: Trans. Letter (7-90)

ARTICLES OF INCORPORATION

of

CERTIFIED HEALTH SCREENING INSTITUTE, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

FILED
99 AUG -9 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - CORPORATE NAME

The name of the corporation is:

CERTIFIED HEALTH SCREENING INSTITUTE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ULTRA SOUND CLINIC

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of COMMON Dollar(s) ($ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing adress of the corporation is:

NAME	CERTIFIED HEALTH SCREENING INSTITUTE, INC.		
ADDRESS	4721 NW 115th TERRACE		
CITY	PARKLAND	FLORIDA	ZIP 33076

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	GARY GOYKHMAN		
ADDRESS	4721 NW 115TH TERRACE		
CITY	PARKLAND	FLORIDA	ZIP 33076

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	GARY GOYKHMAN		
ADDRESS	4721 NW 115TH TERRACE		
CITY	PARKLAND	STATE FL	ZIP 33076
NAME	MARK LEVINE		
ADDRESS	3619 NW 35TH STREET		
CITY	COCONUT CREEK	STATE FL	ZIP 33066
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	GARY GOYKHMAN		
ADDRESS	4721 NW 115th TERRACE		
CITY	PARKLAND	STATE FL	ZIP 33076
NAME	MARK E. LEVINE		
ADDRESS	3619 NW 35th STREET		
CITY	COCONUT CREEK	STATE FL	ZIP 33066
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 1st day of AUGUST, 1999.

X _____ (Seal)
GARY GOYKMAN

X _____ (Seal)
Mark E. Levine

_____ (Seal)

STATE OF FLORIDA)
SS
COUNTY OF BROWARD)

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

X _____ FL DL G255-280-64-048-0
Gary Goykhman — Signature — Form of Identification

X _____ FL DL L150-545-45-132-0
Mark E. Levine — Signature — Form of Identification

_____ _____
Signature — Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY PUBLIC, STATE SEAL

Lisa J. Von Hoffen
Notary Public, State of Florida
Commission No. CC 551491
My Commission Exp. 04/30/2000
1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

Witness my hand and official seal in the County and State last aforesaid this 1st day of August, 1999

_____
Notary Signature

Lisa von Hoffen
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

FILED
99 AUG -9 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFIED HEALTH SCREENING INSTITUTE, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 4721 NW 115th TERRACE
PARKLAND, FL 33076

has named GARY GOYKHMAN
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

GART GOYKHMAN
(registered agent)