



WELLNESS
ASSOCIATES
OF FLORIDA

FILED

99 AUG 26 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 25, 1999

P99000077516

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

300002970893--7
-08/26/99-01048-022
****122.50 *****78.75

Dear Sirs/Madams;

I have enclosed the articles of incorporation for Wellness Associates Open MRI, Inc. I have also enclosed the check for \$122.50 for the corporation fees and a UPS return envelope for your convenience. If you have any questions, please do not hesitate to contact me. Thank you in advance for your prompt and courteous attention to this matter.

Sincerely;

Amado Lopez
President

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ARTICLES OF INCORPORATION
OF

WELLNESS ASSOCIATES OPEN MRI, 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:

WELLNESS ASSOCIATES OPEN MRI, INC.

ARTICLE II PRINCIPAL OFFICE

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

10026 NW 46 ST

SUNRISE, FL 33351

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AMADO LOPEZ

11420 NW 30 PL

SUNRISE, FL 33351

ARTICLE V INCORPORATOR(S)

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

AMADO LOPEZ

11420 NW 30 PL

SUNRISE, FL 33323

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25 day of August, 1998.



Signature

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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.

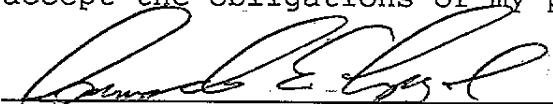
1. The name of the corporation is: WELLNESS ASSOCIATES OPEN MRI, INC.
2. The name and address of the registered agent and office is:

AMADO LOPEZ

11420 NW 30 PL

SUNRISE, FL 33323

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.


(Signature)

8/25/99
(Date)