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LOCAL REPRESENTATIVE TALLAHASSEE

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ~~FAMILY~~ DIAGNOSTIC CENTER CORP.

(Corporation Name)

(Document #)

2. Publicedre

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP -7 PM 3:48

FILED

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 SEP -2 AM 11:34

RECEIVED

T BROWN SEP -7 1999

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 2, 1999

LAZARUS

MIAMI, FL

SUBJECT: FAMILY DIAGNOSTIC CENTER CORP.
Ref. Number: W99000020429

We have received your document for FAMILY DIAGNOSTIC CENTER CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 099A00043866

ARTICLES OF INCORPORATION

FILED
99 SEP -7 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PublicCARE Diagnostic Center CORP

ARTICLE II PRINCIPAL OFFICE

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

4697 West Flagler St
Miami FL 33134

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAYELIN TABARES
2720 SW 4th St Apt #1
Miami FL 33135
P# (305) 644-0518

ARTICLE V INCORPORATOR(S)

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

MAYELIN TABARES	2720 SW 4th Apt #1	Miami FL 33135
MARCOS HERNANDEZ	2720 SW 4th Apt #1	Miami FL 33135
XIOMARA MARTINEZ	5010 NW 4th St	Miami FL 33126

ARTICLE VI DIRECTOR(S)

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

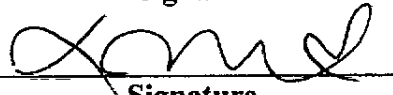
MAYELIN TABARES	2720 SW 4th Apt 1	Miami FL 33135	PRESIDENT
MARCOS HERNANDEZ	2720 SW 4th Apt 1	Miami FL 33135	Vice - President
XIOMARA MARTINEZ	5010 NW 4th St	Miami FL 33126	SECRETARY

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1 day of SEP., 1999

I hereby accept the appointment as registered agent and agree to act in this capacity.


Signature


Signature


Signature