P99000104730

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (Proposed corporate name - must include suffix) **700003056057**---11/29/99--01153--015 *****78.75 *****78.75 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$122.50 \$131.25 \$70.00 Filing Fee, Certified Copy Filing Fee Filing Fee Filing Fee & Certified Copy & Certificate & Certificate Additional Copy Required FROM: Name (printed or typed) Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

99 NOV 29 PM 6: 09

ARTICLES OF INCORPORATION

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:

INTEGRAL DIAGNOSTIC SERVICE CORP.

ARTICLE II PRINCIPAL OFFICE

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

7591 S DIXIE HWY WEST PALM BEACH FLA - 33405 (561) 457. 2271

TICLE III

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

FIVE. HUNDRED (\$50000) OF ONE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

ALEIDA V- DOMINGUEZ - 7591 S. DIXIE HWY. WEST PALL BEACH.

INCORPORATOR(S)

See instructions for officers/directors

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

ALEIDA V. DOMINGUEZ 7591 S. DIXIE HWY WEST PALM BEACH FLA. 33405. (561) 457-2271

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of Novem BER, 1999.

(An additional article must be added if an effective date is requested.)

Signature Signature Zanaids te

Notarization is not required

OTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTEREI OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	INTEGRAL	DIACNOSTIC	Service
			CORP.

2. The name and address of the registered agent and office is:

ALCIDA V. DOMINGUEZ NOVISIONES TALED STATE TARY OF CORPORATIONS

(NAME)

7591 S. DIXIE HWY

(P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE)

WEST PALM BEACH FC. 33405

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) (DATE)