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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305) 867-8448  
Fax Number : (305) 264-0232

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

DRK MEDICAL IMAGING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
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B. McKnight DEC 22 1999

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**ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I****NAME**

The name of the corporation shall be: DRK MEDICAL IMAGING, INC.

**ARTICLE II****PRINCIPAL OFFICE**

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

2600 ISLAND BLVD APT #1106  
AVENTURA, FL.33160

**ARTICLE III****SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~1~~ COMMON SHARES. ~~2~~

**ARTICLE IV****INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

COTA COHEN-KNOBLOCH  
2600 ISLAND BLVD APT #1106  
AVENTURA, FL.33160

Prepared By: COTA COHEN-KNOBLOCH  
2600 ISLAND BLVD APT #1106  
AVENTURA, FL.33160  
305-7855707

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**ARTICLE V  
INCORPORATOR(S)**

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

ENRIQUE KNOBLOCH  
2600 ISLAND BLVD APT #1106  
AVENTURA, FL.33160

DIRECTOR &amp; PRESIDENT

GOTA COHE-KNOBLOCH  
2600 ISLAND BLVD APT #1106  
AVENTURA, FL.33160

VICE-PRESIDENT

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

20 day of December, 1999



Signature

\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature

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

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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: DRK MEDICAL IMAGING, INC.

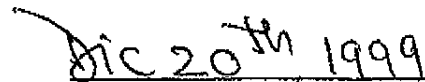
2. The name and address of the registered agent and office is:

COTA COHEN-KNOBLOCH  
2600 ISLAND BLVD APT #1106  
AVENTURA, FL 33160

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*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)

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