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Account Number : 075350000514 Phone : (727)442-1200 : (727)443-5829 Fax Number

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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the Limited Partnership is identified in the records of the Florida Department of State is: RADIOLOGY ASSOCIATES OF OCALA LIMITED PARTNERSHIP

The Limited Partnership's Florida document number is: A0400000686 (Attach Certificate of Limited Partnership, Affidavit of Capital Contribution and applicable limited partnership filing fees.)

- 2. The complete name of the entity after filing the Statement of Qualification shall be: RADIOLOGY ASSOCIATES OF OCALA, L.L.L.P.
- 3. The street address of its chief executive office is: 1818 S.W. 15th Avenue, Ocala, FL 34474.
- 4. The street address of principal office in Florida is: 1818 S.W. 15th Avenue, Ocala, FL 34474.
- 5. The Limited Partnership hereby elects to be a Limited Liability Limited Partnership.
- 6. The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.
- 7. The name and Florida street address of the Partnership's agent for service of process:

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756

Alan S. Gassman, Esquire 1245 Court Street Suite 102 Clearwater, FL 33756 (727) 442-1200 Florida Bar #: 371750

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The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this <u>23</u> day of April, 2004.

Signature of at least TWO Partners:

GENERAL PARTNERS:

MAY, L.L.C., a Florida limited liability

company

ALAN S. GASSMAN, Assistant Secretary

JMC-OCALA, L.L.C., a Florida limited liability

company

ALAN S. GASSMAN, Assistant Secretary