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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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LIMITED LIABILITY COMPANY

kendall diagnostic medical center, llc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

Handwritten signature/initials

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ARTICLES OF ORGANIZATION

FOR

KENDALL DIAGNOSTIC MEDICAL CENTER, LLC

ARTICLE I

NAME

The name of this Limited Liability Company is: Kendall Diagnostic Medical Center, LLC.

ARTICLE II

TERM OF EXISTENCE

This Limited Liability Company shall have perpetual existence.

ARTICLE III

NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this Limited Liability Company is to engage in any and all business permitted under the laws of the United States and of the State of Florida.

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ARTICLE III

ADDRESS

The mailing address and principal office of the Limited Liability Company is:
4491 NW 36 Street, Suite F, Miami Springs, Florida 33166.


ARTICLE V

REGISTERED AGENT AND REGISTERED OFFICE

The Registered Agent and the street address of the Registered Agent are:

TAN SIEW TOH
4491 NW 36 Street, Suite F, Miami Springs, Florida 33166

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, Florida Statutes.



Tan Siew Toh,
Dated December 19, 2003

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TALLAHASSEE, FLORIDA

HUBBARD

ARTICLE VI

MANAGER AND MEMBERS

This Limited Liability Company shall have one (1) Manager initially. The number of Managers may be increased or diminished from time to time by a majority of the Members but shall never be less than one (1). The initial, non-member, Manager shall be:

TAN SIEW TOH
4491 NW 36 Street, Suite F, Miami Springs, Florida 33166

The initial sole member shall be:

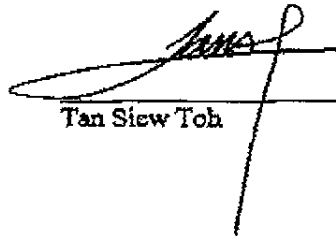
SEH HEOH LENG
4491 NW 36 Street, Suite F, Miami Springs, Florida 33166

Additional members may be admitted in the future.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

The name and address of the person signing these Articles of Organization is:

TAN SIEW TOH
4491 NW 36 Street, Suite F, Miami Springs, Florida 33166



Tan Siew Toh

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