

L07000047613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

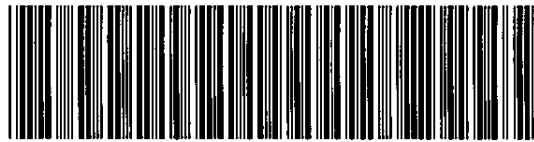
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/07--01030--010 **125.00

RECEIVED
07 MAY -4 PM 12:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 MAY -4 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
07 MAY -4 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK

DATE: 05-04-07

REF. #: 0177.68051

CORP. NAME: IMAGING SPECIALISTS OF WEST BROWARD, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 521187 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
IMAGING SPECIALISTS OF WEST BROWARD, LLC

FILED
07 MAY -4 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (the "Company") is:
IMAGING SPECIALISTS OF WEST BROWARD, LLC

ARTICLE II - Address:

The mailing address of the Company is P. O. Box 4393, Roanoke, Virginia 24015 and the street address of the principal office of the Company is 8393 West Oakland Park Boulevard, Sunrise, Florida 33391.

ARTICLE III — Duration:

The period of duration for the Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:


CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, Florida 32301

ARTICLE V — Management:

The Company will be a manager-managed company.

ARTICLE VI — Indemnification:

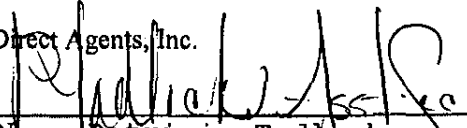
Except as otherwise provided for in the Operating Agreement, the Company will indemnify its managers to the fullest extent permitted by law.


Print Name: MARTIN HELKAMP
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

IMAGING SPECIALISTS OF WEST BROWARD, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

CorpDirect Agents, Inc.
By: 
Print Name: Patricia Tadlock
Title: Assistant Secretary

Dated: May 4, 2007