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Division of Corporations

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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 627-6383

From: Account Name : MCGUIRE WOODS LLP
Account Number : 071075000166
Phone : (904) 798-3200
Fax Number : (904) 798-2696

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: cmcclure@mcguirewoods.com

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FLORIDA/FOREIGN LIMITED LIABILITY CO.
SPECIALTY MRI CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

A. LUNT

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR
SPECIALTY MRI CENTER, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is:

SPECIALTY MRI CENTER, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

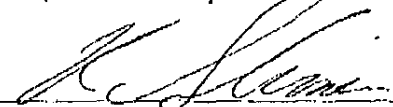
3716 University Boulevard South
Jacksonville, FL 32216

ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE

The name and the Florida street address of the registered agent are:

RAX CO.
50 North Laura Street, Suite 3300
Jacksonville, FL 32202

RAX CO., a Florida corporation

By: 
Halcyon E. Skinner, President
Authorized Representative of Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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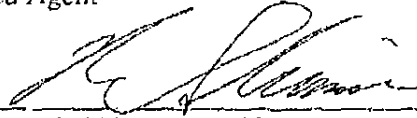
**CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF
REGISTERED AGENT OF
SPECIALTY MRI CENTER, LLC**

FILED
2010 JAN 21 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 608.415 of the Florida Limited Liability Company Act, the undersigned, having been designated as the initial Registered Agent for the service of process within the state of Florida upon SPECIALTY MRI CENTER, LLC, a limited liability company organized under the laws of the state of Florida, hereby accepts the appointment as such Registered Agent for the above-named limited liability company and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as Registered Agent as provided for in the Florida Limited Liability Company Act and the general laws of the state of Florida relative to keeping open the Registered Office, which Registered Office is located at 50 North Laura Street, Suite 3300, Jacksonville, Florida 32202.

IN WITNESS WHEREOF, the undersigned corporation has caused this Certificate to be executed in Jacksonville, Duval County, Florida on this 21st day of January, 2010.

RAX CO., a Florida corporation
Registered Agent

By: 
Halcyon E. Skinner, President