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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

LIMITED LIABILITY COMPANY

Lakewood Ranch Imaging Center, L.L.C.

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

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Comparate Filing

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Lakewood Ranch Imaging Center, L.L.C.

## ARTICLE II - Address:

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

367 South Gulph Road, King of Prussia, PA 19406

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

C T Corporation System	
	Name
c/o C T Corporation Syste	m,1200 South Pine Island Road
Florida street ac	idress (P.O. Box <u>NOT</u> acceptable)
Plantation	FL 33324
	City, State, and Zip

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, F.S.

By:

CT Corporation System

SPECIAL ASSISTANT SECRETARY

Registered Agent's Signature

(An additional article must be added If an effective date is requested)

Signature of a member of an authorized representative of a 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.)

Celeste A. Stellabott

<u>Filing Fees:</u>
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

FL032 - 10/01/2002 C T Symets College