

7 Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

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**FLORIDA/FOREIGN LP/LLLP  
UDI Merger LP**

Certificate of Status	0
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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
UDI MERGER LP**

The undersigned, sole General Partner adopts this Certificate of Limited Partnership and forms a limited partnership (the "Partnership") under the Florida Revised Uniform Limited Partnership Act of 2005, as amended (the "Act"), as follows:

**ARTICLE 1  
NAME**

The name of the Partnership is: UDI Merger LP

**ARTICLE 2  
ADDRESS**

The mailing address and street address of the principal office of the Company is: 3301 USF Alumni Drive, Tampa, Florida 33612.

**ARTICLE 3  
GENERAL PARTNER**

The name, Florida Document Number, and business address of the sole General Partner of the Partnership are: Neuroradiology Associates of Tampa, P.A., Florida Document Number K50249, 3301 USF Alumni Drive, Tampa, Florida 33612

**ARTICLE 4  
DESIGNATION**

The Partnership will not be a limited liability partnership.

**ARTICLE 5  
REGISTERED AGENT, REGISTERED OFFICE**

The name and the Florida street address of the registered agent are: C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

IN WITNESS WHEREOF, the undersigned has signed this Certificate of Limited Partnership on November 25, 2014.

**NEURORADIOLOGY ASSOCIATES OF TAMPA, P.A.**


By: John A. Albright, M.D.  
Name: John A. Albright, M.D.  
Title: President

*(The execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S.817.153, F.S.)*

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Having been named as registered agent to accept service of process for the Partnership at the place designated in these Articles of Organization, C T Corporation System ("CT") hereby accepts the appointment as registered agent and agree to act in this capacity. CT further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and CT is familiar with and accept the obligations of its position as registered agent as provided for in the Act.

C T CORPORATION SYSTEM

By:  **Angel Nunez**  
Name: \_\_\_\_\_ **Assistant Secretary**  
Title: \_\_\_\_\_  
**Registered Agent**

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