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STATE OF FLORIDA
409 EAST GAINES STREET ORLANDO FL 32801-
TALLAHASSEE, FL 32399 CONTACT: PATTIE M CALLAHAN
FAX: (904) 922-4000 PHONE: (407) 843-4600

FAX: (407) 423-4495

((H96000002818))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP

NAME: ADVANCED IMAGING CENTER OF WINTER PARK, LTD.

FAX AUDIT NUMBER: H96000002818 CURRENT STATUS: REQUESTED

DATE REQUESTED: 02/28/1996 TIME REQUESTED: 11:28:48

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CERTIFICATE OF LIMITED PARTNERSHIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, hereby makes, acknowledges and files with the Secretary of State of the State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. **NAME OF PARTNERSHIP.** The name of the partnership shall be
ADVANCED IMAGING CENTER OF WINTER PARK, LTD.

2. **LOCATION OF PRINCIPAL PLACE OF BUSINESS.** The principal place of business of the partnership shall be located at 1340 Harmon Avenue, Winter Park, Florida 32789 or at such other place or places as the General Partner shall from time to time determine.

3. **NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.**

Barry L. Goff, 215 North Eola Drive, Orlando, Florida 32801.

4. **NAME AND BUSINESS ADDRESS OF THE SOLE GENERAL PARTNER.**

Innovative Medical Diagnostics, Inc. - P96000018361
1340 Harmon Avenue
Winter Park, Florida 32789

5. **MAILING ADDRESS OF THE LIMITED PARTNERSHIP.**

1340 Harmon Avenue
Winter Park, Florida 32789

6. **TERM.** The partnership shall be dissolved on February 27, 2016, unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the partnership.

This document was prepared by:

Barry L. Goff, Esq.

Florida Bar Number: 658261
Lowndes, Drosdick, Doster, Kantor & Reed, P.A.
P. O. Box 2809
Orlando, Florida 32802-2809
(407) 843-4600

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EXECUTED this 27th day of February, 1996.

INNOVATIVE MEDICAL DIAGNOSTICS,
INC., a Florida corporation,
Sole General Partner

By: Tony L. Talbert
Tony L. Talbert, President

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared Tony L. Talbert, President of Innovative Medical Diagnostics, Inc., a Florida corporation, sole General Partner of ADVANCED IMAGING CENTER OF WINTER PARK, LTD., known to me to be the person who executed the foregoing Certificate of Limited Partnership and who acknowledged before me that he executed the Certificate of Limited Partnership for the purposes therein stated. In witness whereof, I have hereunto set my hand and seal this 27th day of February, 1996. He is personally known to me ~~or has produced~~ as identification.

Patricia M. Callahan
Notary Public
My Commission Expires:



PATRICIA M. CALLAHAN
MY COMMISSION # 00170054 EXPIRES
March 17, 1998
BONDED THROUGH TROY FARM INSURANCE, INC.

H96000002810

AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTIONS

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.108, the undersigned, after first being duly sworn, deposes and says that the capital contributions of the Limited Partners of ADVANCED IMAGING CENTER OF WINTER PARK, LTD. are \$300,000.00. The anticipated amount of additional capital contributions of the limited partners is \$0.

Under certain circumstances the Limited Partners may be required in the future to make additional capital contributions to the Partnership.

SWORN AND SUBSCRIBED as of the 27th day of February, 1996.

Sworn and subscribed to
before me by Tony L. Talbert,
President of Innovative Medical
Diagnostics, Inc., Sole General
Partner of Advanced Imaging
Center of Winter Park, Ltd.,
this 27th day of February,
1996. He is personally known
to me or produced _____

as identification.

Patricia M. Callahan

Notary Public

My Commission Expires:



PATRICIA M. CALLAHAN
MY COMMISSION # CC 179064 EXPIRES
March 17, 1998
COVERED THRU TROY FAIR INSURANCE, INC.

INNOVATIVE MEDICAL DIAGNOSTICS,
INC., a Florida corporation, Sole
General Partner

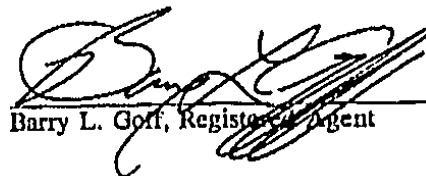
By: Tony L. Talbert
Tony L. Talbert, President

H96000002018

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, Barry L. Goff, accepts his designation as Registered Agent for
ADVANCED IMAGING CENTER OF WINTER PARK, LTD. and the obligations imposed on
him as Registered Agent pursuant to the Florida Revised Uniform Limited Partnership Act,
Florida Statutes, Chapter 620.


EXECUTED this 27th day of February, 1996.


Barry L. Goff, Registered Agent

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared Barry L. Goff known to
me to be the person who executed the foregoing Acceptance of Registered Agent. He is
personally known to me.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27th day of
February, 1996.


Notary Public
My Commission Expires:



PATRICIA M. CALLAHAN
MY COMMISSION # CC 179054 EXPIRES
March 17, 1996
BONDED THRU TROY FARM INSURANCE, INC.