

CT CORPORATION SYSTEM

F010000000179

CORPORATION(S) NAME

~~DXR Imaging, Inc.~~

~~Phoenix Radiology, Inc.~~

~~Worldmed International, Inc.~~

~~L & W X-Ray Company, Inc.~~

~~Davenport X-Ray Company, Inc.~~

~~Gilbert X-Ray Company of Texas~~

Linear Medical Systems, Inc.

FILED
01 JAN 10 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> FCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

1/10/01

Order#: 3505496

Ref#: _____

Amount: \$ _____

RECEIVED
01 JAN 10 PM 3:30
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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*****78.75 *****78.75

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LINEAR MEDICAL SYSTEMS, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. ARIZONA
(State or country under the law of which it is incorporated)
3. 86-0493577
(FEI number, if applicable)
4. 9/14/84
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 1/01/2001
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216
(Current mailing address)

8. SALE & DISTRIBUTION OF MEDICAL SUPPLIES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Connie Bryan

(Registered agent's signature) **CONNIE BRYAN**

SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: DAVID A. SMITH

Address: 4345 Southpoint Blvd
JACKSONVILLE, FL 32216

Vice Chairman: KEVIN P. ENGLISH

Address: 4345 Southpoint Blvd.
JACKSONVILLE, FL 32216

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: DAVID A. SMITH

Address: 4345 Southpoint Blvd.
JACKSONVILLE, FL 32216

Vice President: KEVIN P. ENGLISH

Address: 4345 Southpoint Blvd
JACKSONVILLE, FL 32216

Secretary: DAVID D. KLARNER

Address: 4345 Southpoint Blvd
JACKSONVILLE, FL 32216

Treasurer: DAVID A. SMITH

Address: 4345 Southpoint Blvd
JACKSONVILLE, FL 32216

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. DAVID A. SMITH Vice President and Secretary
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID D. KLARNER
(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office of the
CORPORATION COMMISSION

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****LINEAR MEDICAL SYSTEMS, INC.*****

a domestic corporation organized under the laws of the state of Arizona, did incorporate on September 14, 1984.

I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto
set my hand and affixed the official seal
of the Arizona Corporation Commission.
Done at Phoenix, the Capitol, this
9th day of January, 2001, A. D.

Executive Secretary



BY: