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REFERENCE: 094511 7232363

AUTHORIZATION :

ORDER DATE: March 28, 2001

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CUSTOMER NO: 7232363

CUSTOMER: Jay R. Beskin, Esq

Beskin Lewis & Kracoff, P.a.

8220 State Road 84

Suite 302

Davie, FL 33324

DOMESTIC FILING

NAME: HEALTH TRUST MRI 1, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

PREPARED BY:
JASON A. DEITCH, P.A.
1250 East Hallandale Beach Boulevard
Suite 909
Hallandale, FL 33009-4634
(954) 456-8444
Florida Bar Number: 992585

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is HEALTH TRUST MRI 1. L.L.C.

ARTICLE II - Address:

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

926-936 West Hallandale Beach Boulevard Hallandale Beach, FL 33180

ARTICLE III - Duration:

The period of duration for the Limited Liability Corporation shall be perpetual unless sooner dissolved according to law.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager or	nanagers
and the name and address of such manager who is to serve as man	ager is
Herb Deitch, 926-936 West Hallandale Beach Boulevard, Hallandale	Beach, FL
33180	

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be determined upon the creation of the company's by-laws.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be determined upon the creation of the company's by-laws.

Signature of a member or an authorized representative of a member

Michael /Jacen
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507. FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is:

HEALTH TRUST MRI 1, L.L.C.

0 1

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

JASON A. DEITCH, ESQUIRE Name

1250 East Hallandale Beach Boulevard. Suite 909
Florida street address (P.O. Box NOT ACCEPTABLE)

Hallandale, Florida 33009 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.

SIGNATURE

STANTANTA LAND