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From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
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LIMITED LIABILITY COMPANY

INNOVATIVE MEDICAL IMAGING-NAPLES, L.L.C.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 2, 2001

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: INNOVATIVE MEDICAL IMAGING-NAPLES, L.L.C.
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ARTICLES OF ORGANIZATION
FOR
INNOVATIVE MEDICAL IMAGING-NAPLES, L.L.C.
A Florida Limited Liability Company

ARTICLE I - Name

The name of the Limited Liability Company is:

Innovative Medical Imaging-Naples, L.L.C.

ARTICLE II - Address

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

8903 Glades Road, Suite A-8
Boca Raton, Florida 33434

ARTICLE III - Duration

The period of duration for the Limited Liability Company is:

Perpetual

ARTICLE IV - Management

The Limited Liability Company is a member-managed company.

ARTICLE V - Initial Registered Agent and Office

The name of the initial registered agent and the Florida street address of the initial registered office is:

Arnold E. Needleman, M.D.
8903 Glades Road, Suite A-8
Boca Raton, Florida 33434



Signature of Innovative Medical Imaging, L.L.C., Member

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 609.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Innovative Medical Imaging-Naples, L.L.C.

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

Arnold E. Needleman, M.D.
8903 Glades Road, Suite A-8
Boca Raton, Florida 33434

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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.

By. _____


Arnold E. Needleman, M.D.