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To:

Division of Corporations

Fax Number : (850)205-0383

: CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850) 224-1640

AL

LIMITED LIABILITY COMPANY

NATIONAL IMAGING SPECIALISTS, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

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ARTICLES OF ORGANIZATION OF NATIONAL IMAGING SPECIALISTS, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is NATIONAL IMAGING SPECIALISTS,

LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability.

Company is:

13798 N. W. 4th Street Suite 305 Sunrise, Florida 33325

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Corpdirect Agents 103 North Mexidian Street Lower Level Tellahassee, Florida 32301

ARTICLE V - Management:

The Limited Liability Company will be a member-managed company.

dichael Zlatkin, M.D.

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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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is:

NATIONAL IMAGING SPECIALISTS, LLC

The name and address of the registered agent and office is:

Corpdirect Agents 103 North Meridian Street Lower Level Tallahassee, Florida 32301

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper undersigned further agrees to comply with the undersigned is familiar with and accepts the and complete performance of his duties, and the undersigned is familiar with and accepts the obligations of his position as registered agent.

CORPDIRECT AGENTS

Print Name: Pam Wolfe
Print Title: It's Agent

Dated: May 14 , 2001

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