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L010000017680
October 15, 2001

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

Via Hand Delivery

200004637282--5

-10/15/01--01066--015

****130.00 ****130.00

To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$130.00** for the applicable filing fees and fees to obtain a **CERTIFIED OF STATUS** for the following entity:

IMAGING CENTER OF OVIEDO, LLC

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,

Jill May

Jill W. May, Paralegal

/jwm
Enclosures

01 OCT 15 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 OCT 15 PM 2:49
DIVISION OF CORPORATIONS

10-15-01



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **IMAGING CENTER OF OVIEDO, LLC.**

ARTICLE II - Address:

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

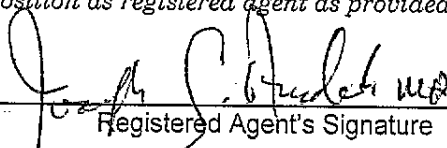
20 West Kaley Street
Orlando, Florida 32806

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

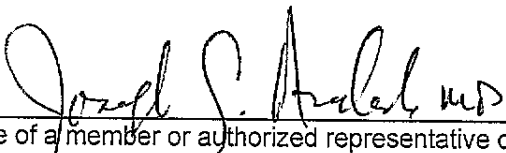
Joseph G. Andriole, M.D.
20 West Kaley Street
Orlando, Florida 32806

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 as provided for in Chapter 608, F.S.


Registered Agent's Signature

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a Board of Managers and is, therefore, a manager-managed company.


Signature of a member or authorized representative of the Members

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph G. Andriole, M.D., Member
Typed or printed name of signer

APPROVED
AND
FILED
01 OCT 15 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)