

# L02000002457

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

## LIMITED LIABILITY COMPANY

PDS Imaging Mobile MRI, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FAX AUDIT # FL020000274330

**ARTICLES OF ORGANIZATION  
OF  
PDS Imaging Mobile MRI, LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **PDS Imaging Mobile MRI, LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 3359 Perrington Pointe, Marietta, Georgia 30060.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.

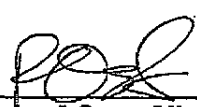
**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2042.

**ARTICLE V MANAGERS**

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Mike Evertsen, 790 Church Street, Suite 100, Marietta, Georgia 30060  
Todd LaVelle, 790 Church Street, Suite 100, Marietta, Georgia 30060  
Lee Effenson, 1799 W. Oakland Park Blvd, Ft Lauderdale, Florida 33311

  
Richard Oster, Vice President  
Business Filings Incorporated  
Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,  
Madison, WI 53717  
(608) 827-5300

FAX AUDIT # FL020000274330SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FAX AUDIT # H0200000274330CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE


PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **PDS Imaging Mobile MRI, LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.

Having been named as registered agent and to accept service of process for the above stated corporation 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: \_\_\_\_\_

  
Richard Oster - Vice President  
Business Filings Incorporated

Date: January 31, 2002

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