

**CORPORATE
ACCESS,
INC.**

L020000002968

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB - 6 AM 11:11

1.) **Heart Scan East Coast Imaging Saint Petersburg, LLC**
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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SPECIAL INSTRUCTIONS

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TALLAHASSEE, FLORIDA

2-7-02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEARTSCAN EAST COAST IMAGING SAINT PETERSBURG, LLC

ARTICLE II - Address:

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

619 GARDEN STREET, TITUSVILLE, FLORIDA. 32796

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

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

PARACORP INCORPORATED

Name

236 East 6th Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32303

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 as provided for in Chapter 608, F.S..

(SEE ATTACHED)

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Donald Nelson Carol Aubrey
Signature of a member or an authorized representative of a member.

(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.)

DONALD NELSON

CAROL AUBREY

Typed or printed name of signee

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)

02 FEB -6 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

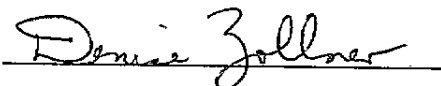
STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 2/4/02

ENTITY NAME: HEARTSCAN EAST COAST IMAGING SAINT PETERSBURG, LLC

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in cursive script, reading "Denise Zollner", is written over a horizontal line.

Denise Zollner, Assistant Secretary
Paracorp Incorporated