L020000/0602

ACCOUNT NO.: 07210000032

REFERENCE: 561519

4802897

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: May 2, 2002

ORDER TIME : 11:32 AM

ORDER NO. : 561519-005

CUSTOMER NO: 4802897

CUSTOMER: Kerry Shine, Legal Asst

Garfunkel Wild & Travis

111 Great Neck Rd.

Ste. 503

Great Neck, NY 11021-5405

DOMESTIC FILING

NAME: PRIME CARE IMAGING ASSOCIATES

OF FLORIDA, L.L.C.

AL

EFFECTIVE DATE:

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<u>xx</u>	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
<u>XX</u>	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR PRIME CARE IMAGING ASSOCIATES OF FLORIDA, L.L.C.

ARTICLE I:

The name of the limited liability company is: Prime Care Imaging Associates of Florida, L.L.C. (the "LLC");

ARTICLE II:

The mailing address and street address of the principal office of the LLC is:

C/O PrimeCare of New York, Inc. 560 South Broadway, Suite 201 Hicksville, New York 11801

02 MAY -2 AM 10: 42 SECRITARY OF STATE TAIL AHASSEE, FLORIDA

ARTICLE III:

The name and the Florida Street Address of the Registered Agent are:

Corporation Service Company 1201 Hays Street 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, I hereby accept 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.

Corporation Service Company

Registered Agent's Signature

Brian Courtney Asst. V. Pres.

ARTICLE IV:

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

Steven R. Antico, Esq.

Authorized Representative of a Member

(In accordance with §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.)

02 MAY -2 AM 10: 42 SECRETARY OF STATE