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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Radiology Partners LLC

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

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DIVISION OF CORPORATION

9-16-02

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**ARTICLES OF ORGANIZATION
OF
Radiology Partners LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Radiology Partners LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2862 SE Monroe Street, Stuart, Florida 34997.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Len Spooner, 2862 SE Monroe Street, Stuart, Florida 34997. Located in the County of Martin.

ARTICLE IV DURATION

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

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Gil Mausby, 2862 SE Monroe Street, Stuart, Florida 34997



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

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4020001984697CERTIFICATE 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: **Radiology Partners LLC**

The name and address of the registered agent and office is Len Spooner, 2862 SE Monroe Street, Stuart, Florida 34997. Located in the County of Martin.

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:


Len Spooner

Date: September 13, 2002

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