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From: **GAIL S. ANDRE**  
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

**PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.**

**LIMITED LIABILITY COMPANY**

**NEW SMYRNA DIAGNOSTIC IMAGING, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
FOR  
NEW SMYRNA DIAGNOSTIC IMAGING, LLC**

The undersigned natural person, as an authorized representative of BERT FISH MEDICAL CENTER, INC., a member of NEW SMYRNA DIAGNOSTIC IMAGING, LLC (the "Company"), hereby files these Articles of Organization to form a limited liability company under the Florida Limited Liability Act, Chapter 608 Florida Statutes (2002) and any amendments thereto (the "Act").

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I.** **Name:** The name of the limited liability company shall be:

**NEW SMYRNA DIAGNOSTIC IMAGING, LLC**

**ARTICLE II.** **Duration:** The period of the Company's duration shall be perpetual from the date of filing of these Articles of Organization with the Secretary of State of the State of Florida, until dissolved in accordance with the Act.

**ARTICLE III.** **Purpose:** The purpose of the Company shall be to assist the Southeast Volusia Hospital District (the "District"), a special independent tax district of the State of Florida in carrying out the District's essential governmental function of operating and maintaining hospitals, medical facilities, and other health care facilities for the preservation of the public health and the District's related duties and responsibilities pursuant to its Enabling Act. Within the scope of the foregoing, the Company will operate to provide, directly or indirectly, high quality medical imaging services on an outpatient basis to persons in Volusia County, Florida, when ordered by medical or osteopathic physicians licensed to practice medicine in the State of Florida regardless of the patient's insurance or ability to pay and otherwise in a manner consistent with the charitable and essential governmental purposes of the District.

**ARTICLE IV.** **Principal Office:** The name and street address of the principal office of the Company shall be: New Smyrna Diagnostic Imaging, LLC, 600 Palmetto Street, New Smyrna Beach, Florida 32168.

**ARTICLE V.** **Registered Agent:** The name and street address of the Company's initial Registered Agent for service of process in the State of Florida shall be: Jim Heekin, 215 North Eola Drive, Orlando, Florida 32801.

**ARTICLE VI.** **Management:** The Company shall be a member-managed company. The initial Manager authorized to act for the Company until appointment of a Management Committee, shall be Kathy Leonard.

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IN WITNESS WHEREOF the undersigned has signed these Articles of Organization this 31 day of December, 2002.

MEMBER

BERT FISH MEDICAL CENTER, INC.

By: James F. Heckin, Jr.  
Its Authorized Agent

I HEREBY CERTIFY that I am familiar with and accept the duties and responsibilities of Registered Agent for New Smyrna Diagnostic Imaging, LLC.

Date: December 31, 2002  
James F. Heckin, Jr.  
As Registered AgentSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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