

L03000002741

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TALLAHASSEE, FLORIDA

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Cust

CT CORPORATION SYSTEM

January 22, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5772790 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Blake Imaging, LLC (FL)  
Registration  
Florida

Blake Imaging, LLC (FL)  
Cert Copy of Articles of Org  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at  
(850) 222-1092. Thank you very much for your help.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
03 JAN 22 PM 3:19  
CT CORPORATION  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

CT CORPORATION SYSTEM

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**

The name of the Limited Liability Company is Blake Imaging, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is  
One Park Plaza, Nashville, TN 37203

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

CT Corporation System  
c/o CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

*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.*

Registered Agent's Signature  
**JENNIFER F AULTMAN**  
**ASSISTANT SECRETARY**

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.)

David Denson, Assistant Secretary  
Typed or printed name of signee

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