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03 APR 21 PM 2:24

AGNOSTIC MEDICAL SOLUTIONS, LLC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0 OAKBRIAR LANE

OSTEE, FL 34229

(Address)

(Address)

(City/State/Zip/Phone #)

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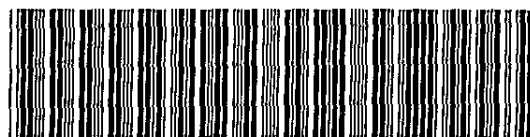
(Business Entity Name)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:
Diagnostic Medical Solutions, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
850 Oakbriar Lane, Osprey, FL 34229

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

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

Jodi L. Bloom - Diagnostic Specialist of Sarasota, Inc.
Name

850 Oakbriar Lane

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

Osprey FL 34229

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.

Jodi L. Bloom
Registered Agent's Signature

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

Gulshakar Abdullah
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.)

Gulshakar Abdullah - Reliant Medical Services, Inc.
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)