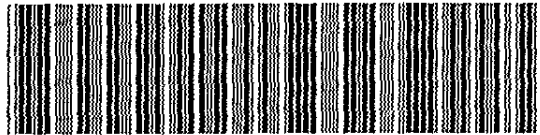


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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04/24/03--01031--016 **155.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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03 APR 24 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
File No: 3525.00

April 18, 2003

Florida Department of State
Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for STAND-UP MRI, LLC

Dear Sir or Madam:

Enclosed please find one original and one copy of Articles of Organization for STAND-UP MRI, LLC along with a check in the amount of \$155 for the filing fee, designation of registered agent and a certified copy of the Articles of Organization. Please file the Articles and return a certified copy back to us in the enclosed self-addressed stamped envelope.

If you have any questions regarding the enclosed, please do not hesitate to contact James Parkhill or the undersigned.

Very truly yours,

Alice M. Dostal

Alice M. Dostal
Legal Assistant

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:
FLORIDA STAND-UP MRI CENTER, LLC

03 APR 24 PM 12: 29

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1693 SABAL PALM DRIVE, BOCA RATON, FLORIDA 33432

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

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

JACK R. BOTHE

Name

1693 SABAL PALM DRIVE

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

BOCA RATON

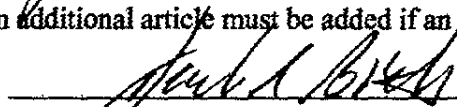
FL 33432

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.


Registered Agent's Signature

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


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.)

JACK R. BOTHE

Typed or printed name of signer

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)