

# L03000 D16451

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

*Denzel A. Pardo, Legal Asst.*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

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DIVISION OF CORPORATIONS

## LIMITED LIABILITY COMPANY

WEST BROWARD MRI, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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**ARTICLES OF ORGANIZATION  
OF  
WEST BROWARD MRI, LLC  
(a Florida Limited Liability Company)**

**ARTICLE I  
NAME**

The name of the limited liability company is **WEST BROWARD MRI, LLC.**

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the limited liability company is 7050 N.W. 4<sup>th</sup> Street, Suite 101, Plantation, Florida, 33317.


**ARTICLE III  
DURATION**

The period of duration for the limited liability company shall begin on the date of filing these Articles of Organization with the Florida Department of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

**ARTICLE IV  
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the limited liability company's initial registered agent is One S.E. Third Avenue, 28th Floor, Miami, Florida 33131. The name of the limited liability company's initial registered agent at that office is American Information Services, Inc.

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on this 5 day of May, 2003.

  
Steve Saper, Authorized Representative  
of a Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
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**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Pursuant to the provisions of Sections 608.407 and 608.415 of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **West Broward MRI, LLC**, a Florida limited liability company (the "Company"), in the Company's articles of organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's articles of organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

*2th* IN WITNESS WHEREOF, the undersigned has executed this Certificate this day of May, 2003.

**AMERICAN INFORMATION  
SERVICES, INC.**

By: *Nery C. Toledo Asst. Sec.*  
Nery C. Toledo, Assistant Secretary

03 MAY -7 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA