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

From:
    Account Name    : AKERMAN, SENTERFITT & EIDSON, P.A.
    Account Number  : 075471001363
    Phone           : (305)374-5600
    Fax Number      : (305)374-5095
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LIMITED LIABILITY COMPANY

STAND-UP MRI OF JACKSONVILLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$155.00

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ARTICLES OF ORGANIZATION
OF
STAND-UP MRI OF JACKSONVILLE, LLC

ARTICLE I: - Name
The name of the Limited Liability Company is:

STAND-UP MRI OF JACKSONVILLE, LLC

ARTICLE II: - Address
The mailing address and street address of the principal office of the Limited Liability Company is:

10911 Elliot Street
Riverview, Florida 33569

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

American Information Services, Inc.
One Southeast Third Avenue
Suite 2800
Miami, Florida 33131

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.

American Information Services, Inc.

By: _____
Nety Ω. Toledo, Assistant Secretary
Registered Agent

Signed and dated this 4th day of June, 2003.

_____
Marshall R. Burack, Esq.
Authorized Representative of a Member

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