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June 11, 2003

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

Re: Signet Direct, LLC

Dear Sir or Madam,

Enclosed please find Articles of Organization for the above-referenced limited liability company that are being presented to your office for filing. Enclosed please also find our check payable to the Florida Department of State in the amount of \$160.00, to cover your filing fee, the designation of the undersigned as the Registered Agent for the LLC, and the fees for a certified copy of these Articles and a Certificate of Status.

Please return the certified copy and the Certificate of Status to the undersigned at our corporate address, 1515 N. Federal Highway, Suite 405, Boca Raton, FL 33432.

Thank you very much for your prompt attention to this matter. Should you have any questions or require additional information, please call me at (561) 362-6370, ext. 35.

Very truly yours,

Mark N. Delevie General Counsel

Arlington Imaging Center

Tel: 904-745-5900

North Florida Region

South Florida Region

Boca Raton Imaging Center Tel: 561-368-7956

Coral Springs Imaging Center

Delray Beach Imaging Center Tel: 561-495-7100

Fort Lauderdale Regional MRI

South Miami Imaging Center Tel: 305-595-9290 Aventura Imaging Center

Pembroke Pines Imaging Center

South Florida imaging Center Tel: 954-577-6000

Tel: 954-753-3800

Tel: 954-492-8151 MedScan MRI

Tel: 954-714-9800

Tel: 305-931-7615

Tel: 954-538-0050

Northside Imaging Center Tel: 904-696-8400

Orange Park Imaging Center Tel: 904-272-2800

Riverside Imaging Center Tel: 904-389-7474

Salisbury Imaging Center Tel: 904-281-0133

Encls.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is: Signet Direct, LLC

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1515 N. Federal Highway, Suite 405, Boca Raton, FL 33432

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

The name and the Florida street address of the registered agent are: Mark N. Delevie Name 1515 N. Federal Highway, Suite 405 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) 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.) Jamshid Keynejad 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)