Florida Department of State
Division of Corporations
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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

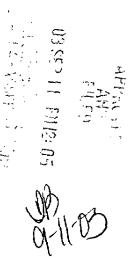
Phone Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

MEDSCAN LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

MEDSCAN LLC

ARTICLE I

The name of the Limited Liability Company shall: MEDSCAN LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 201 ALHAMBRA CIRCLE, SUITE 701, CORAL GABLES, FL 33134.

ARTICLE IV

The name and the Florida street address of the registered agent are: MARCIA SOTO, 201 ALHAMBRA CIRCLE, SUITE 701, CORAL GABLES, FL 33134.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

MEDSCAN LLC
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Marcia Soto P.A.
Registered Agent

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.)

KARIM PIRANI
Typed or printed name of signee

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