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To:

Division of Corporations  
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From:

*Dany B. Jacobs, Legal Asst.*  
Account Name : AKERMAN, BENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

LIMITED LIABILITY COMPANY

FAMILY IMAGING CENTER OF BOYNTON BEACH, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
FAMILY IMAGING CENTER OF BOYNTON BEACH, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is:

**Family Imaging Center of Boynton Beach, LLC**

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

9050 Pines Boulevard, Suite 200  
Pembroke Pines, Florida 33024

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

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

American Information Services, Inc.  
One Southeast Third Avenue, 28<sup>th</sup> FL  
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: *Nery C. Toledo* *Asst. Sec.*  
Nery C. Toledo, Assistant Secretary  
Registered Agent

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

Signed and dated this 11<sup>th</sup> day of September, 2003.

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