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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428 SECRETARY UF STATE

LIMITED LIABILITY COMPANY

Florida Radiology Imaging of Lake County, L.L.C.

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Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION OF

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FLORIDA RADIOLOGY IMAGING OF LAKE COUNTY, L.L.C.

ARTICLE I

The name of the Limited Liability Company is: Florida Radiology Imaging of Lake County, L.L.C. (the "Company").

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Company is 1000 Waterman Way, Tavares, Florida 32778.

ARTICLE III DURATION AND PURPOSE

The period of duration for the Company shall be perpetual. The business of the Company is imaging services.

ARTICLE IV MEMBERS

The initial Member of the Company shall be:

North American Health Services, Inc., a Tennessee corporation.

ARTICLE V MANAGEMENT

The Company is to be managed by a Governing Board established by the Member(s).

ARTICLE VI ADMISSION OF ADDITIONAL MEMBERS

The Member shall have the right to admit additional members as provided by the Florida Limited Liability Company Act.

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TALL AHASSEE, FLORIDA

ARTICLE VII MEMBERS' RIGHTS TO CONTINUE BUSINESS

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any Member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the Member(s).

MEMBER:

NORTH AMERICAN HEALTH SERVICES, INC. a Tennessee Corporation

By:

Name:

T. L. Trimble

Title:

Secretary-Treasurer

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Florida Radiology Imaging of Lake County, L.L.C.
- 2. The address of the registered agent and office is:

T. L. Trimble 111 North Orlando Avenue Winter Park, Florida 32789

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by the 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 the obligations of my position as a registered agent.

Name: T. T. Trimble

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