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To:

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Fax Number (850) 205-0383

From:

*Legal Asset*  
Account Name : AKERMAN, SENTERFITT & BIDSON, P.A.  
Account Number : 075471001353  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

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LIMITED LIABILITY COMPANY

DIAGNOSTIC PROFESSIONALS INTERNATIONAL, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
DIAGNOSTIC PROFESSIONALS INTERNATIONAL, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **Diagnostic Professionals International, LLC**

**ARTICLE II: - Address**

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

3217 N.W. 10<sup>th</sup> Terrace, Suite 304  
Fort Lauderdale, Florida 33309

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

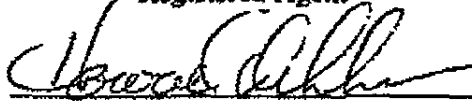
The name and the Florida street address of the registered agent and registered office are:

Howard Dekkers  
3217 N.W. 10<sup>th</sup> Terrace, Suite 304  
Fort Lauderdale, Florida 33309

*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.*



Howard Dekkers  
Registered Agent



Howard Dekkers  
Authorized Representative of a Member

Signed and dated this 4 day of March, 2004.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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