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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : ACE INDUSTRIES, INC.

Account Number: 070744001530 Phone: (305)358-2571

Fax Number : (305)373-7718

LIMITED LIABILITY COMPANY

OPEN MRI OF CORAL SPRINGS, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

OPEN MRI OF CORAL SPRINGS, LLC

ARTICLE U - Mailing Address & Street Address of Limited Liability Company:

Address: 400 S. DIXIE HWY #121

City, State & Zip: BOCA RATON, FL. 33432

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

MICHEL SCHIESS Name

400 S. DIXIE HWY #121 Address (P.O. Box NOT Acceptable)

BOCA RATON, FL. 33432 City, State, 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

Date: 3-31-04

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1.

2.

3.

Signature of a member or an authorized representative of a member. In accordance with section 608.408 (3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

> MICHEL SCHIESS Typed or printed name of signee

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Prepared By: Ace Industries 54 NW 11th Street Miami, Florida 33136 (305) 358-2571