

L04000073676

(Requestor's Name)

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(City/State/Zip/Phone #)

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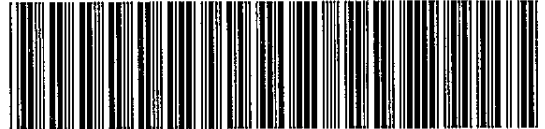
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 921579-5030952

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 11, 2004

ORDER TIME : 11:01 AM

ORDER NO. : 921579-005

CUSTOMER NO: 5030952

CUSTOMER: Andrew I. Lewis, Esq.
Phillips, Eisinger & Brown

Suite 265, South
4000 Hollywood Boulevard
Hollywood, FL 33021

DOMESTIC FILING

NAME: HEALTH IMAGING, LLC

EFFECTIVE DATE:

XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Brenda Sharpless - EXT. 2918

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
HEALTH IMAGING, LLC**

ARTICLE I.

Name

The name of the limited liability company (the "Company") is:

HEALTH IMAGING, LLC

ARTICLE II.

Mailing and Street Address

The mailing address and street address of the Company is 6315 N.W. 120th Drive, Coral Springs, Florida 33076.

ARTICLE III.

Registered Agent

The name and street address of the initial registered agent of the Company for service of process in the State of Florida is GARY S. PHILLIPS, 4000 Hollywood Boulevard, Suite 265 South, Hollywood, Florida 33021.

ARTICLE IV.

Management

Subject to the right of the Members of the Company to elect a Manager or Managers as set forth in the Operating Agreement of the Company, if any, the day-to-day management of the Company is reserved to the Member whose name and address is as follows:

RAMON BARDALES
6315 N.W. 120th Drive
Coral Springs, Florida 33076

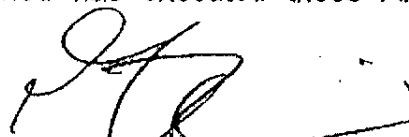
ARTICLE V.

Subscriber

The name and address of the person executing these Articles of Organization as an authorized representative of a Member of the Company, is GARY S. PHILLIPS, 4000

Hollywood Boulevard, Suite 265 South, Hollywood, Florida 33021. Said person shall not be liable, in any form or fashion, for any acts or omissions of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 8th day of October, 2004.



GARY S. PHILLIPS

STATE OF FLORIDA)

:ss

COUNTY OF BROWARD)

BEFORE ME, a Notary Public authorized in the County and State set forth above, personally appeared GARY S. PHILLIPS, personally known to me, or who has produced _____ as identification, to be the person who, as an authorized representative of a Member of the Company, executed the foregoing Articles of Organization of HEALTH IMAGING, LLC, and he acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State last aforesaid, this 8th day of October, 2004.



Andrew I. Lewis
Commission # DD298538
Expires June 19, 2008
Bonded Troy Falls - Insurance, Inc. 800-886-7010



NOTARY PUBLIC - State of Florida

Andrew I. Lewis
Name of Notary - Please Print

My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY, AT THE PLACE DESIGNATED IN ARTICLE III OF THESE ARTICLES OF ORGANIZATION, THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT IT IS FAMILIAR WITH, AND ACCEPTS, THE OBLIGATIONS OF THAT POSITION, AND FURTHER AGREES TO ACT IN THIS CAPACITY, AND TO COMPLY WITH THE COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 8TH DAY OF OCTOBER, 2004.



GARY S. PHILLIPS