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To:

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From:

Spang C. Truesdell, Legal Assist.
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
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LIMITED LIABILITY COMPANY

FAMILY IMAGING CENTER OF WELLINGTON, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
FAMILY IMAGING CENTER OF WELLINGTON, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is:

Family Imaging Center of Wellington, 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, 28th 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

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Signed and dated this 5th day of November, 2004.