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LIMITED LIABILITY COMPANY

Flagler Diagnostic Imaging LLC

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

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**ARTICLES OF ORGANIZATION
OF
Flagler Diagnostic Imaging LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Flagler Diagnostic Imaging LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5051 SE Great Pocket Trail, Stuart, Florida 34997.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: John Gearin, 5051 SE Great Pocket Trail, Stuart, Florida 34997. Located in the County of Martin.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Len Spooner, 38955 Chaparral Drive, Temecula, California 92592
John Gearin, 5051 S.E. Great Pocket Trail, Stuart, Florida 34997
Dr. Mark Nagrani, 5051 S.E. Great Pocket Trail, Stuart, Florida 34997


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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.

The name of the limited liability company is: **Flagler Diagnostic Imaging LLC**

The name and address of the registered agent and office is: John Gearin, 5051 SE Great Pocket Trail, Stuart, Florida 34997. Located in the County of Martin.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:


John Gearin

Date: December 6, 2004

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