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VISION OF CORPORATION PH 3: 37

## LIMITED LIABILITY COMPANY

HBS Radiology, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
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## H050000302053

## ARTICLES OF ORGANIZATION OF HBS RADIOLOGY, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. NAME. The name of the Limited Liability Company is HBS RADIOLOGY, LLC (the "Company").
- 2. MANIAND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 5555 Anglers Avenue, Suite 20, Fort Landerdale, Florida 33312.
- 3. <u>REJISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: NRAI Services, Inc., 526 East Park Avenue, Tallahassee, Florida, 32301.

The undersigned has executed these Articles of Organization on the 12 \_\_day of February, 2005.

Stephen H. Siegel, Authorized Person

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## CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: HBS RADIOLOGY, LLC.
- 2. The name and address of the registered agent and office is:

ميو د خود کي چ د اولا NRAI Services, Ioc. 526 E. Park Ave. Tallahassee, Florida 32301

Having been name I 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 at d agree to act in its 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.

NRAI Services, In :, Registered Agent

Date:

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