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Division of Corporations
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From: Design Ame : AKERMAN, SENTERFITT & BIDSON, P.A.

Account Number : 075471001363
Phone : (305)374-5600
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LIMITED LIABILITY COMPANY

STAND-UP IMAGING SPECIALISTS OF JACKSONVILLE, LLC

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FAX NUMBER: (850) 205-0383 PLEASE DELIVER THE ACCOMPANYING DATE OF THIS TRANSMITTAL: TELECOPIED MATERIAL TO: April 7, 2005 NAME: DIVISION OF CORPORATIONS Client/Matter: 31785-133573 LIMITED LIABILITY COMPANIES Total Pages: 3 AND LIMITED PARTNERSHIP PHONE: (850) 487 6937 Firm/Company Name: City, State: Tallahassee, Florida DIVISION OF CORPORATIONS SENDER'S NAME: Nery C. Toledo, Legal Assistant

RE: STAND-UP IMAGING SPECIALISTS OF JACKSONVILLE, LLC

PLEASE CALL (305) 374-5600 IMMEDIATELY
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(H05000085503)

ARTICLES OF ORGANIZATION STAND-UP IMAGING SPECIALISTS OF JACKSONVILLE, LLC

ARTICLE 1: - Name

The name of the Limited Liability Company

STAND-UP IMAGING SPECIALISTS OF JACKSONVILLE, LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

> 2605 West Kennedy Boulevard Tampa, Florida 33609

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> American Information Services, Inc. One Southeast Third Avenue Suite 2800 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.

C/Toledo, Assistant Secretary Registered Agent

Authorized Representative of a Member

Signed and dated this 7 day of April, 2005.