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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

FLORIDA GULF COAST CENTER FOR CRANIOFACIAL IMAGING, LLC

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
FLORIDA GULF COAST CENTER FOR CRANIOFACIAL IMAGING, LLC**

In order to form a limited liability company pursuant to the Florida Limited Liability Company Act, Florida Statutes § 608.401 *et seq.* (the "Act"), the undersigned hereby executes these Articles of Organization in accordance with the provisions of Section 608.407 of the Act.

**ARTICLE I
NAME**

The name of the Limited Liability Company is: Florida Gulf Coast Center for Craniofacial Imaging, LLC.

**ARTICLE II
ADDRESS**

The mailing address of the principal office of the Limited Liability Company is: 1140 Goodlette Road, Naples, Florida 34102. The street address of the principal office of the Limited Liability Company is: 1140 Goodlette Road, Naples, Florida 34102.

**ARTICLE III
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV
REGISTERED AGENT**

The name and address of the Limited Liability Company's registered agent and office is Robert W. Payne, 1140 Goodlette Road, Naples, Florida 34102.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Florida Gulf Coast Center for Craniofacial Imaging, LLC.
2. The name and address of the registered agent and office is: Robert W. Payne, 1140 Goodlette Road, Naples, Florida 34102.

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 provided for in Chapter 608, Florida Statutes.


Robert W. Payne, Registered Agent

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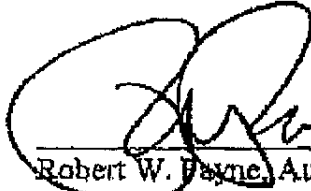
ARTICLE V
MANAGING MEMBERS

The name and addresses of the Managing Members are as follows:

Title: Printed Name and Address:

Managing Members: Robert W. Payne
1140 Goodlette Road
Naples, Florida 34102

These Articles are executed this 31 day of October, 2005 by an authorized representative of a Member of Florida Gulf Coast Center for Craniofacial Imaging, LLC, pursuant to the Florida Limited Liability Company Act, Florida Statute § 608.401, *et seq.* The execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Robert W. Payne, Authorized
Representative

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