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## COVER LETTER

TO:

Registration Section

| Division of Corp           | porations   |   |  |
|----------------------------|---|---|--|
| SUBJECT: North Ba          | ay Imaging, LLC   |   |  |
|                            |   | d Liability Company)  |  |
| The enclosed Articles of   | Organization and fee(s) are so  | ubmitted for filing.  |  |
| Please return all correspo | ondence concerning this matte   | er to the following:  |  |
| Garth D. Bo                | nney, Esq.  |   |  |
|                            |   | Name of Person)   |  |
| John L. Gioi               | iello, P.A.   |   |  |
|                            | (   | Firm/Company)   |  |
| 404 Jenks                  | Avenue  |   |  |
|                            |   | (Address)   |  |
| Panama C                   | ity, Florida 32401  |   |  |
|                            | (City.  | /State and Zip Code)  |  |
| For further information co | oncerning this matter, please   | call:   |  |
| Garth D. Bonney,           | Esq.  | at (850 ) 763-900   | 6  |
|                            | of Person)  | (Area Code & Daytime Te   |  |
| Enclosed is a check for    | the following amount:   |   |  |
| \$125.00 Filing Fee        | S130.00 Filing Fee & Certificate of Status  | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                            | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 32301 | ns   |



March 24, 2006

GARTH D. BONNEY, ESQ. JOHN L. GIOIELLO, P.A. 404 JENKS AVENUE PANAMA CITY, FL 32401

SUBJECT: NORTH BAY IMAGING, LLC

Ref. Number: W06000014376

We have received your document for NORTH BAY IMAGING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the title of each person listed under Article IV as either MGR (manager) or MGRM (managing member).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 406A00020313

Leslie Sellers Document Specialist

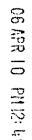
## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |
|--|--|
| North Bay Imaging, LLC   |  |
| (Must end with the words "Limited Liability Company, "Limite   | d Company" or their abbreviation "LLC," or "L.C.,")  |
| ARTICLE II - Address: The mailing address and street address of the pri  | incipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| 625 East Baldwin Road  | 625 East Baldwin Road  |
| Panama City, Florida 32405   | Panama City, Florida 32405   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)  The name and the Florida street address of the registration. | ered Agent. You must designate an individual or another  |
| Bruce A. Woolum  |  |
| Name   |  |
| 2006 Coral Drive   |  |
| Florida street add   | ress (P.O. Box NOT acceptable)   |
| Lynn Haven, FL. 32444<br>City, State, a  | FL   |
| Chy, State, a  | ш ыр   |
| liability company at the place designated in th  | accept service of process for the above stated limited<br>his certificate, I hereby accept the appointment as<br>v. I further agree to comply with the provisions of all |

d ıll 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2





## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title:                      | Name and Address:  |              |
|-----------------------------|--|--------------|
| "MGR" = Mana<br>"MGRM" = Ma | iger<br>unaging Member   |              |
| MGRM                        | Bruce A. Woolum  |              |
|                             | 625 East Baldwin Road  |              |
|                             | Panama City, Florida 32405   |              |
| MGR                         | Scott C. Richter   |              |
| <del></del>                 | 133 Cottonwood Circle  | ·····        |
|                             | Lynn Haven, FL. 32444  |              |
| MGR                         | Julie E. Richter   |              |
|                             | 133 Cottonwood Circle  |              |
|                             | Lynn Haven, FL. 32444  |              |
| MGR                         | Terry N. Hobbs   |              |
|                             | 210 East Baldwin Road  | <del></del>  |
|                             | Panama City, Florida 32405   | · · ·        |
|                             |  | •            |
|                             | RAWION   |              |
|                             | Signature of a member or an authorized representative of a membe   | r.           |
|                             | (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjurthat the facts stated herein are true.) | у            |
|                             |  |              |
|                             | Bruce A. Woolum  | <u>.</u>     |
|                             | Bruce A. Woolum  Typed or printed name of signee   | - 7 <u>8</u> |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)