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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Miami Oral Radiology, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
MIAMI ORAL 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 MIAMI ORAL RADIOLOGY, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 5201 Oak Lane, Coral Gables, Florida, 33156.
3. REGISTERED AGENT. 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: Anthony Sclar, 5201 Oak Lane, Coral Gables, Florida, 33156.

The undersigned has executed these Articles of Organization on the 19 day of April, 2006.

By: 
Anthony Sclar, Authorized Representative

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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: MIAMI ORAL RADIOLOGY, LLC.
2. The name and address of the registered agent and office is:

Anthony Sclar
5201 Oak Lane
Coral Gables, Florida 33156

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 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.



Anthony Sclar, Registered Agent

4-19-06

Date

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