

Division of Corporations

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106000084855

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SAVAGE, KRIM, SIMONS & JONES, LLC
Account Number : 073617000267
Phone : (352) 732-8944
Fax Number : (352) 867-0504

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 AUG 28 AM 8:30

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06 AUG 28 AM 11:08

DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CNS IMAGING, LLC

Certificate of Status	1
Certified Copy	1
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ARTICLES OF ORGANIZATION

of

**CNS IMAGING, LLC
a Florida Limited Liability Company**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be CNS Imaging, LLC ("Company").

ARTICLE II - ADDRESS

The physical address of the principal office of the company shall be 6690 SW 18th Terr. Rd., Ocala, Florida 34476.

The mailing address of the principal office of the company shall be 6690 SW 18th Terr. Rd., Ocala, Florida 34476.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent and registered office of the Company in the state of Florida is Gary C. Simons, Esquire, 121 NW Third Street, Ocala, FL 34475.

ARTICLE IV - EXISTENCE

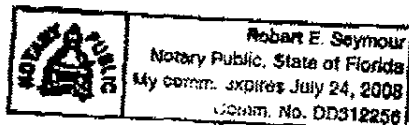
The existence of the Company shall begin on August 28, 2006.


Signed this 25 day of August, 2006.


Jay J. Rubin, M.D., Organizer and
Authorized Representative of the Members

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 25 day of August, 2006, by Jay J. Rubin, M.D., as Organizer and Authorized Representative of the Members, who is personally known to me.




Notary Public, State of Florida

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...EFFECTIVE DATE:
8-28-06

2006 AUG 28 11:08:31
SECRETARY OF STATE
PALM HARBOR, FLORIDA

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ACCEPTANCE OF REGISTERED AGENT

for

CNS IMAGING, LLC,
a Florida Limited Liability Company

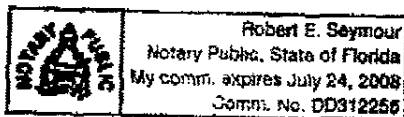
Undersigned hereby states that he is familiar with the obligations of Registered Agent for the Company as provided by Chapter 608, Florida Statutes, and accepts the appointment as Registered Agent for the Company.

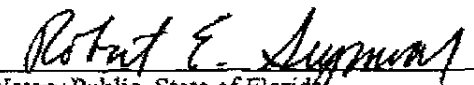
Signed this 25 day of August, 2006.


GARY C. SIMONS, Registered Agent

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 25 day of August, 2006 by GARY C. SIMONS, as Registered Agent, who is personally known to me.




Notary Public, State of Florida

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