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To: Division of Corporations
Fax Number : (850) 205-0383
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.
TRI-COUNTY DIAGNOSTIC & IMAGING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

TRI-COUNTY DIAGNOSTIC & IMAGING SERVICES, LLC

ARTICLE II ADDRESS

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

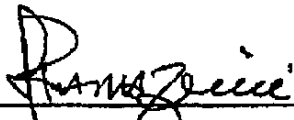
**10114 SW 139TH PLACE
MIAMI FL 33186**

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

The name and the Florida street address of the registered agent is:

**JOHNNY RAMAZINI
10114 SW 139TH PLACE
MIAMI FL 33186**

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's signature / JOHNNY RAMAZINI

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and therefore, a Member Managed Company.

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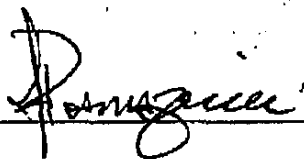
ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

Managing Member: JOHNNY RAMAZINI
10114 SW 139TH PLACE
MIAMI FL 33186

Managing Member: BUNNY RAMAZINI
10114 SW 139TH PLACE
MIAMI FL 33186

Managing Member: Lincoln Quinn
20911 SW 88th Place
Miami, FL 33186



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOHNNY RAMAZINI
Typed or printed name of signer

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