

L080000036796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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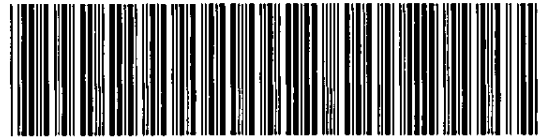
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. KOHR

APR 11 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

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TALLAHASSEE, FLORIDA

**CONTACT:**      ASHLEY SMITH

**DATE:**            04-11-2008

**REF. #:**           000177.85130

**CORP. NAME:**   DAMADIAN MRI IN ORLANDO, INC.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                 |   |  |
| <input checked="" type="checkbox"/> OTHER: CERTIFICATE OF CONVERSION |   |  |

**STATE FEES PREPAID WITH CHECK#** 525557 **FOR \$** 150.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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08 APR 11 PM 1:22  
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TALLAHASSEE, FLORIDA  
P 950000 64910

**CERTIFICATE OF CONVERSION**  
For  
**DAMADIAN MRI IN ORLANDO, INC.**  
Into  
**HEALTH DIAGNOSTICS OF ORLANDO, LLC**

This Certificate of Conversion and the attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with Section 608.439, Florida Statutes.

- FIRST:** The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is Damadian MRI in Orlando, Inc.
- SECOND:** The "Other Business Entity" is a Florida corporation, first incorporated under the laws of the State of Florida on August 22, 1995.
- THIRD:** The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is Health Diagnostics of Orlando, LLC.
- FOURTH:** The conversion shall be effective on the date of filing.
- \* \* \*

IN WITNESS WHEREOF, the "Other Business Entity" has caused this Certificate of Conversion to be executed in its name by its authorized signatory, Timothy Damadian, on this 31 day of March, 2008.

**DAMADIAN MRI IN ORLANDO, INC.,**  
*a Florida corporation*

By:   
Timothy Damadian, Authorized Signatory

**ARTICLES OF ORGANIZATION  
OF  
HEALTH DIAGNOSTICS OF ORLANDO, LLC**

**FILED**  
08 APR 11 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization of **HEALTH DIAGNOSTICS OF ORLANDO, LLC** (the "Limited Liability Company"), hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

HEALTH DIAGNOSTICS OF ORLANDO, LLC

**ARTICLE II — Address:**

The mailing address of the Limited Liability Company is 6 Corporate Center Drive, Suite 101, Melville, New York 11747, and street address of the principal office of the Limited Liability Company is 2010 South Orange Avenue, Orlando, Florida 32806.

**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 registered agent for service of process in the state shall be:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

**ARTICLE V — Management:**

The Limited Liability Company will be a manager-managed company.

ARTICLE VI - Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever to the greatest extent permitted under Florida law.

A handwritten signature in black ink, appearing to read 'Timothy Damadian', is written over a horizontal line.

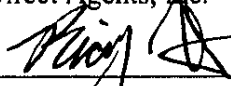
Timothy Damadian  
Authorized Signatory

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**HEALTH DIAGNOSTICS OF ORLANDO, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.*

CorpDirect Agents, Inc.

By: 

Print Name: Ricky Soto

Title: Assistant Secretary

Dated: April 11, 2008