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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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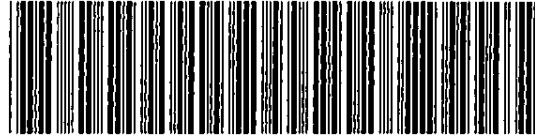
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/08--01016--013 **160.00

Effective Date

05/01/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 29 PM 12:02

T. HAMPTON

APR 30 2008

EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT: Healthy 4 Life Imaging, Llc

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector M. de Jesus, Esq.
The Law Firm of Hector M. de Jesus, P.A.
1121 Saxon Blvd.
Orange City, Fl 32763

For further information concerning this matter, please call:

Hector M. de Jesus, Esq. at (386) 228-9967

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
HEALTHY 4 LIFE IMAGING, LLC

Effective Date

05/01/08

ARTICLE I - NAME

The name of the limited liability company is HEALTHY 4 LIFE IMAGING, LLC,
("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

6856 South Round Lake Road
Mount Dora, Florida 32757

Mailing Address:

6856 South Round Lake Road
Mount Dora, Florida 32757

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Debra M. Adams-Welch
6856 South Round Lake Road
Mont Dora, Florida 32757

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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 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Debra M Adams-Welch
Debra M. Adams-Welch

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGR

Debra M. Adams-Welch
6856 South Round Lake Road
Mont Dora, Florida 32757

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be May 1, 2008.

REQUIRED SIGNATURE:

Debra M. Adams-Welch
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.)

Debra M. Adams-Welch
Typed or printed name of signee

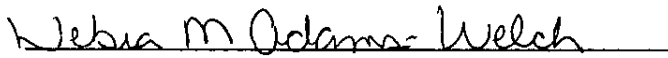
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY HEALTHY 4 LIFE IMAGING, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is HEALTHY 4 LIFE IMAGING, LLC.
2. The name and the Florida street address of the registered agent and office are:
Debra M. Adams-Welch
6856 South Round Lake Road, Mont Dora, Florida 32757 (Post office box is NOT acceptable.)

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 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


Debra M. Adams-Welch
Registered Agent

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