

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000006072  
FILED 8:00 AM  
January 20, 2009  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
ECLIPSE MEDICAL DIAGNOSTICS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
429 LENOX AVE.  
STE. 4C20  
MIAMI BEACH, FL. 33139

The mailing address of the Limited Liability Company is:  
429 LENOX AVE.  
STE. 4C20  
MIAMI BEACH, FL. 33139

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
LILLIAN A SER ESQ.  
366 N.E. 99TH STREET  
MIAMI SHORES, FL. 33138

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.

Registered Agent Signature: LILLIAN A. SER

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
MARIO P TRETO  
5110 SW 92ND AVE.  
MIAMI, FL. 33165

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Signature of member or an authorized representative of a member

Signature: MARIO P. TRETO