

**LD9000017275**

Florida Department of State  
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**L. SELLERS**

FEB 23 2009

**EXAMINER**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : GLAZIER & GLAZIER, P.A.  
Account Number : I20050000141  
Phone : (904) 997-1033  
Fax Number : (904) 997-1733

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Outpatient Imaging Partners, LLC**

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

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**ARTICLES OF ORGANIZATION  
OF  
OUTPATIENT IMAGING PARTNERS, LLC**

The undersigned, who is an authorized representative of OUTPATIENT IMAGING PARTNERS, LLC (the "Company") under the Florida Limited Liability Company Act, hereby files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Company is OUTPATIENT IMAGING PARTNERS, LLC.

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 51 Ocean Breeze Drive, Atlantic Beach, Florida 32233.

**ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent is GLAZIER & GLAZIER, P.A. 8825 Perimeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.

**ARTICLE IV - MANAGEMENT**

The Company shall be managed by one or more managers elected by the members. The relative rights, duties and obligations of the managers and the members and the conduct of the Company's business shall be specified in a written operating agreement to be adopted by all of the members.

IN WITNESS WHEREOF, the undersigned has executed the foregoing Articles of Organization on the 20<sup>th</sup> day of February, 2009.

  
\_\_\_\_\_  
Scott L. Glazier, Authorized Representative

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

Pursuant to the provisions of Section 608.415 or 618.507, Florida Statutes, the undersigned limited liability company 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 OUTPATIENT IMAGING PARTNERS, LLC.
2. The name and the Florida street address of the registered agent and office is GLAZIER & GLAZIER, P.A., 8825 Perimeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.

**OUTPATIENT IMAGING PARTNERS, LLC**

  
By: Scott L. Glazier  
An Authorized Representative

The undersigned, having been named as registered agent for the above named limited liability company, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with, and accepts the obligations of its position as registered agent for OUTPATIENT IMAGING PARTNERS, LLC, as provided for in Chapter 608, F.S.

**GLAZIER & GLAZIER, P.A.**

By:   
Name: Scott L. Glazier  
Its: Vice President

Date: 2/20/09

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