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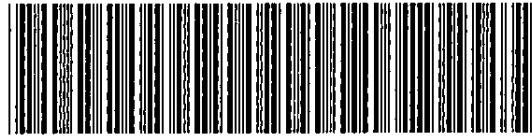
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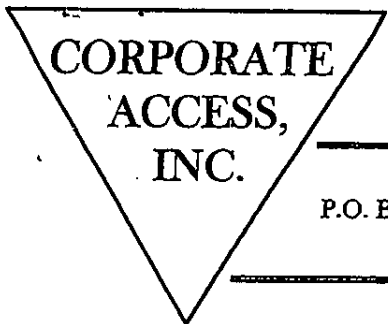


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WALK IN

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- CERTIFIED COPY _____
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- FILING ARTICLES of Organization

1. ALLCARE IMAGING, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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**ARTICLES OF ORGANIZATION
OF
ALLCARE IMAGING, LLC**

The undersigned hereby certifies that the following Articles of Organization are hereby adopted for the purpose of becoming a Limited Liability Company under Florida Statutes Chapters 608 providing for the formation, rights, privileges, and immunities of limited liability companies for profit.

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**ARTICLE I.
NAME**

The name of the Limited Liability Company shall be ALLCARE IMAGING, LLC.

**ARTICLE II.
DURATION; EFFECTIVE DATE**

This Limited Liability Company shall exist perpetually, commencing as of the date on which these Articles of Organization are filed with the State of Florida Department of State.

**ARTICLE III.
PRINCIPAL OFFICE**

The principal office of this Limited Liability Company and the mailing address of this Limited Liability Company is 6104 Kipps Colony Drive West, Gulfport, FL 33707.

**ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Limited Liability Company is 150 2nd Avenue North, Suite 1100, St. Petersburg, FL 33701 and the name of its initial registered agent at such address is Thomas B. Smith.

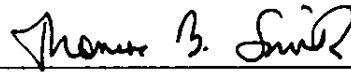
**ARTICLE V.
PURPOSE**

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

The undersigned, being the Authorized Representative of the of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of ALLCARE IMAGING, LLC.

Executed by the undersigned on September 28, 2011.

**AUTHORIZED REPRESENTATIVE OF
THE MEMBER:**



Thomas B. Smith

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT**

Pursuant to Section 608.415, Florida Statutes, I agree to act in the capacity of Registered Agent for ALLCARE IMAGING, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this 28th day of September, 2011.



Thomas B. Smith