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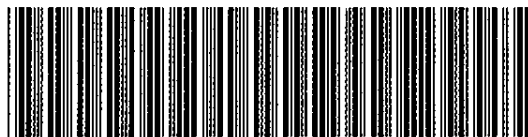
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DATE: 10-25-2011

NAME: SIMONMED FLORIDA LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$160

RETURN: GOOD STANDING & CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIMONMED FLORIDA LLC
Name of Limited Liability Company

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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

tim.flynn@simonmed.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$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
SIMONMED FLORIDA LLC

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ARTICLE 1 - NAME

The name of the limited liability company is SIMONMED FLORIDA
LLC.

ARTICLE 2 - ADDRESS

The mailing address and street address of the principal office of the
limited liability company is:

Principal Office 7304 E. Deer Valley Road - Suite 105
Address: Scottsdale, Arizona 85255

Mailing Address: 7304 E. Deer Valley Road - Suite 105
 Scottsdale Arizona 85255

**ARTICLE 3 - REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

Capitol Corporate Services, Inc.
155 Office Plaza Drive - Suite A
Tallahassee, Florida 32301

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provide for in Chapter 608, F.S.

CAPITOL CORPORATE SERVICES, INC.

By: Peggy Elder, assist. secy.

ARTICLE 4 - MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each manager or managing member is as follows:

SimonMed Imaging Incorporated, an Arizona corporation 7304 E. Deer Valley Road - Suite 105 Scottsdale, Arizona 85255	Managing Member
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ARTICLE 5 - ORGANIZER

The undersigned organizer shall have no authority, responsibilities, or duties as organizer other than the filing of these Articles of Organization.

Dated: October 24, 2011.

David I. Thompson
David I. Thompson - Organizer