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To:

Division of Corporations

: (850)617-6383

From:

thi. Beenda Thank you so much! Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)879-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIMONMED IMAGING FLORIDA LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMONMED IMAGING FLORIDA LLC							
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence 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 of	concerning this matter, please o	ali:					
	_						
Name	of Person	at () Area Code & Daytime T	elephone Number				
			,				
Enclosed is a check for t	he following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	71\$60.00 Filing Fee.				
	Certificate of Status	Certified Copy (additional copy is enclosed)	Section of Status & 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

AMENDED AND RESTATED ARTICLES OF ORGANIZATION

OF

SIMONMED IMAGING FLORIDA LLC

(Filed in accordance with s. 608.411, F.S.)

SECRETARY OF STATIONS
ANVISION OF CORPORATIONS
12 JAN 26 AM 8: 41

SIMONMED FLORIDA LLC, Florida document number L11000121773, filed its original Articles on October 25, 2011, and hereby adopts the following Amended and Restated Articles of Organization:

<u>ARTICLE 1 - NAME</u>

The name of the limited liability company is SIMONMED IMAGING 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:

CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324

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.

CT CORPORATION SYSTEM Connie Bryan

Assistant Secretary

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

Effective upon filing of these Amended and Restated Articles of Organization, the managing member signing below is no longer a member, a manager or a managing member of the Company. The name and address of the sole managing member is as follows:

H. John Simon, M.D. 7304 E. Deer Valley Road - Suite 105 Scottsdale, Arizona 85255 Managing Member

Dated: January 6, 2012.

SIMONMED IMAGING INCORPORATED, an Arizona corporation, its Managing Member

By

H. John Simon, M.D. - President

PJM/SIMONMED-FL-DIT/ARTS-AM-RESTATED-JAN-2012