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To:

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

From:

GAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036

Phone : (407) 843-4600

Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

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**FLORIDA LIMITED LIABILITY CO.
PARADISE DIAGNOSTIC IMAGING, LLC**

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ARTICLES OF ORGANIZATION
OF
PARADISE DIAGNOSTIC IMAGING, LLC

ARTICLE I - NAME

The name of this limited liability company is PARADISE DIAGNOSTIC IMAGING, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 10231 Cove Lake Drive, Orlando, Florida 32836.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 10231 Cove Lake Drive, Orlando, Florida 32836 and the name of the initial registered agent of the Company at that address is John W. Ross.



John W. Ross, Sole Member

ACCEPTANCE OF REGISTERED AGENT

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 as provided for in Chapter 608, Florida Statutes.



John W. Ross