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(City, State, Zip) (Telephone)

SEP 11 1993
TALLAHASSEE, FL

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SEP 11 1993
SHARON L. TALA

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
CROWN MEDICAL IMAGING, L.C.

The undersigned, for the purpose of forming a Limited Liability Company under Florida Chapter 608, do adopt the following Articles of Organization:

ARTICLE I

NAME: The name of this Limited Liability Company is:

CROWN MEDICAL IMAGING, L.C.

ARTICLE II

ADDRESS: The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing address:

6620 Forest Avenue
New Port Richey, Florida 34653

Street Address:

6620 Forest Avenue
New Port Richey, Florida 34653

ARTICLE III

DURATION: The duration of the Company shall continue for not more than thirty (30) years.

ARTICLE IV

MANAGEMENT: The Limited Liability Company is to be managed by the members and the names and addresses of the managing member is:

Brenda Schafstall, 6620 Forest Avenue, New Port Richey, Florida 34653.

ARTICLE V

ADMISSION OF ADDITIONAL MEMBERS: The right, of the remaining members to admit additional members and the terms and conditions of the admissions shall be; The addition of any member in this Company must be with the written consent of all of the existing members.

ARTICLE VI

MEMBERS RIGHT TO CONTINUE BUSINESS: The right, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be granted with the written consent of all the remaining members.


BRENDA SCHAFSTALL, Member

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: CROWN
MEDICAL IMAGING, L.C.

2. The name and address of the registered agent and office
is:

Brenda Schafstall
6620 Forest Avenue
New Port Richey, Florida 34653

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, an I am familiar with
and accept the obligations of my position as registered agent.

Brenda Schafstall
BRENDA SCHAFSTALL

8-19-95
DATE

FILED
95 SEP -5 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of authorized representative of a member of CROWN MEDICAL IMAGING, L.C.,:

1. The above named limited liability company has at least two members.

2. The total amount of cash contributed by the members is \$1,000.00.

3. The total amount of cash or property anticipated to be contributed by members is \$1,000.00. This total includes amounts from number (2) above.



BRENDA SCHAFSTALL, Member


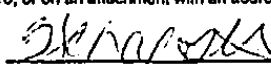
FILED
95 SEP -5 PM 12:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: Fee after May 1, will be \$263.75

FILED

96 MAY 17 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L95000000689			
CROWN MEDICAL IMAGING, L.C. 6620 FOREST AVE. NEW PORT RICHEY FL 34653		1a. Principal Place of Business Address 6620 FOREST AVE. NEW PORT RICHEY FL 34653			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/05/1995	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Date of Last Report 6. Certificate of Status Desired \$0.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
SCHAFSTALL, BRENDA 6620 FOREST AVE. NEW PORT RICHEY FL 34653			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 600.416 and 600.500, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SCHAFSTALL, BRENDA	6620 FOREST AVE.		NEW PORT RICHEY FL	
100001827141 -05/17/96--01005--019 ****238.75 ****238.75 mcl 5-17-96					
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 600, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		BRENDA SCHAFSTALL		5/1/96	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					