

L97000001284



ACCOUNT NO. : 072100000032

REFERENCE : 603002 7139793

AUTHORIZATION :

Patricia Pzyto

COST LIMIT : \$ 337.50

ORDER DATE : November 17, 1997

ORDER TIME : 11:47 AM

ORDER NO. : 603002-005

CUSTOMER NO: 7139793

CUSTOMER: Ms. Ann Linden
HCMF CORP.

500002349085--2

Suite 200
2965 Colonnade Drive
Roanoke, VA 24018

DOMESTIC FILING

NAME: HEALTHCARE IMAGING, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF - LLC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/17/97

ARTICLES OF ORGANIZATION
OF
HEALTHCARE IMAGING, LLC, a Limited Liability Company

1. **Name.** The name of this limited liability company is HealthCare Imaging, LLC.

2. **Duration.** The period of duration of this limited liability company is perpetual.

3. **Address.** The mailing address and street address of the principal office of this limited liability company is:

Mailing Address: 2295 Sea Turtle Lane
Vero Beach, FL 32963

Street Address: 2295 Sea Turtle Lane
Vero Beach, FL 32963

4. **Registered Agent and Address.** The name and street address of the initial registered agent of the limited liability company is Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301.

5. **Additional Members.** The Members shall have the right, by unanimous agreement, to admit additional members on such terms and conditions as the Members shall specify by unanimous agreement and subject to the terms of the Operating Agreement.

6. **Continuation Upon Withdrawal of Member.** The Members shall have the right to continue the Company upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or occurrence of any event which terminates the continued membership of a Member in the Company (collectively, "Withdrawal"), as long as there are at least two (2) remaining Members, and the remaining Members agree to continue the Company by unanimous written consent within ninety (90) days after the Withdrawal of a Member, as set forth in the Operating Agreement of the Company.

7. **Manager.** This limited liability company shall be managed by one (1) or more Managers. The name and address of the Manager who is to serve as Manager

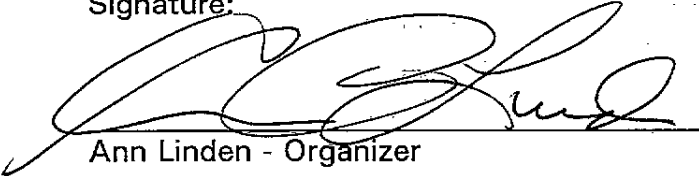
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until the first annual meeting of Members or until his successor is elected and qualified is:

William C. Cranwell
2295 Sea Turtle Lane
Vero Beach, FL 32963

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TALLAHASSEE FLORIDA

Signature:


Ann Linden - Organizer

11-14-97
Date

Commonwealth OF Virginia
COUNTY OF Roanoke, to-wit:

I, Lynne Kirby, a Notary Public, do hereby certify that on this 14th day of November, 1997, personally appeared before me Ann Linden, who, being by me first duly sworn, declared that he read and signed the foregoing Articles of Organization and Affidavit and that the statements therein are true and correct to the best of his knowledge.

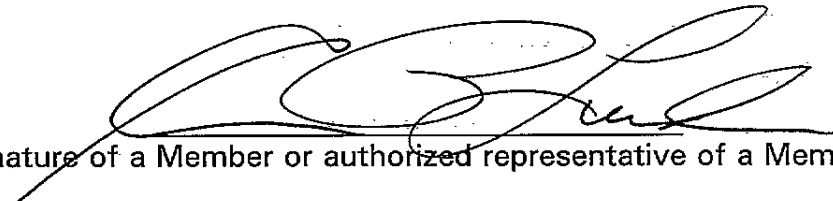

Notary Public

My Commission expires: 2/29/2000

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned Member of HealthCare Imaging, LLC deposes and says:

- 1) The above named limited liability company has at least two (2) Members.
- 2) The total amount of cash contributed by the Member(s) is One Thousand Dollars (\$1,000.00).
- 3) If any, the agreed value of property other than cash contributed by Member(s) is \$- 0 -. A description of the property is attached and made a part hereto.
- 4) The total amount of cash or property anticipated to be contributed by Member(s) is One Thousand Dollars (\$1,000.00). This total includes amounts from 2 and 3 above.


Signature of a Member or authorized representative of a Member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 HealthCare Imaging, LLC.
2. The name and address of the registered agent and office is:

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 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, we hereby accept that appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and we are familiar with and accept the obligations of our position as registered agent.

CORPORATION SERVICE COMPANY

By: Gail Shelby

Date

Its: _____

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