

C. Vincent Brown
R. David Massey*
E. Douglas P. Evans
Stanley E. McLeod†
Knox L. Haynsworth, III
Christopher B. Roberts
Arnold L. Ashley
*Professional Association
†Certified Specialist Taxation

BROWN, MASSEY, EVANS, McLEOD & HAYNSWORTH
ATTORNEYS AT LAW, P.A.
1001 OFFICE BLDG 2464
GREENVILLE, SOUTH CAROLINA 29602

106 WILLIAMS STREET
TELEPHONE (864) 271-7424
FAX 864-242-4469

L99000007215

October 12, 1999

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Panama City Open MRI & Imaging, LLC

Dear Sir/Madam:

Enclosed please find the Articles of Organization for Panama City Open MRI & Imaging, Inc., in duplicate, the Certificate of Designation of Registered Agent/Registered Office, in duplicate and checks representing the appropriate filing fees.

Please return a filed copy of the Articles and Certificate to the undersigned.

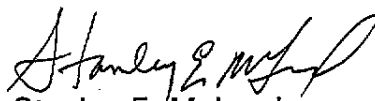
In the event you have any questions or comments regarding these enclosures, please advise the undersigned.

Thank you for your assistance and cooperation.

300003023663--9
-10/25/99--01085--010
***250.00 ***155.00

Very truly yours,


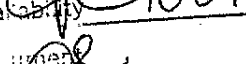




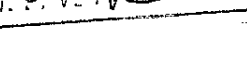


BROWN, MASSEY, EVANS, McLEOD & HAYNSWORTH, P.A.


Stanley E. McLeod

SEMc:crw
Enclosures: Forms and Fees

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L99-7215

Name	
Availability	
Comptroller	
Examiner	
Updater	
Underwriter	
Verifier	
Acknowledgment	
W. P. Verifier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PANAMA CITY OPEN MRI & IMAGING, LLC

ARTICLE II - Address:

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

3295 River Exchange Drive - Suite 275
Norcross, GA 30092

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: 30 years

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

John K. Luke, Manager

3295 River Exchange Drive - Suite 275
Norcross, GA 30092

Gene Venesky

3295 River Exchange Drive-Suite 275
Norcross, GA 30092

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

ARTICLE VI - Members Rights to Continue Business:

The right, if given, 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:

FILED
OCT 25 PM 5:00
CLERK OF DISTRICT COURT
JANUARY 11


Signature of a member or an authorized representative of a member.

JOHN K. LUKE

(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.)

JOHN K. LUKE

Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

**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 TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

_____ PANAMA CITY OPEN MRI & IMAGING, LLC _____

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

_____ JOHN K. LUKE _____

NAME

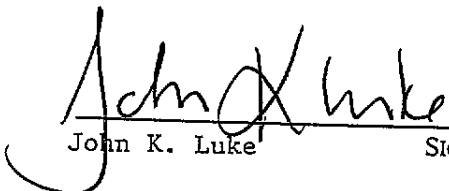
_____ 106 Medical Center Drive _____

Florida street address (P. O. Box NOT ACCEPTABLE)

_____ PANAMA CITY, FL 32405 _____

CITY, STATE AND ZIP

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.


John K. Luke

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

FILED
93 OCT 25 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA