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ORIDA/FOREIGN LIMITED LIABILITY CO.

Blake Imaging, LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

والمناول والمراب والمراب والمناول والمن

	I COMPLIANCE WITH SECTION 608.568, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
	Blake Imaging, LLC	
١.	(Name of Foreign Limited Liability Company)	
2	Dolaware 3. Applied for	
	Dolaware (Jurisdiction under the law of which foreign timited liability (FEI number, if applicable) company is organized)	
4.	01/24/2006 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpennal")	
б.		
	(Date first transacted business in Plotids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine panalty liability)	
7	One Park Plaza Nashville, TN 37203 (Steet Addrsse of Principal Office)	
۲.		
	Nashville, TN 37203	
	(Sweet Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here K	
9.	If limited liability company is a manager-managed company, check here [K] The name and usual business addresses of the managing members or managers are as follows:	
	A. Bruce Moore, Jr., One Park Plaza Nashville, TN 37203	
	R. Milton Johnson, One Park Plaza Nashville, TN 37203	
	Robert Samuel Henkins &., One Park Plaza Nashville, TN 37203	
102	Attached is an original certificate of existence, no more than 90 days old, duly anthenticated by the official having tody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate n a foreign language, a translation of the certificate under eath of the translator must be submitted.)	
11.	Nature of business or purposes to be conducted or promoted in Florida:	
	Healthcare related business	
	Jan a. Clentral	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Dora A. Blackwood, authorized representative of member	
	Typed or printed name of signes	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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The First State

T, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELIMARS, DO HEREBY CERTIFY "BLAKE IMAGING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2006.

AND I DO BERESI FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4098849 8300 060068198



Warriet Smild Hindam
Harriet Smith Window, Secretary of Secto
ADTHERTICATION: 4472061

DATE: 01-24-06