M99000000468

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 183709 4300909

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 285.00

ORDER DATE : March 25, 1999

ORDER TIME : 9:31 AM

ORDER NO. : 183709-010 200002822752--6

CUSTOMER NO: 4300909

CUSTOMER: Tara Keating, Legal Asst
Gordon Altman Butowsky Weitzen
114 West 47th Street
21st Floor
New York, NY 10036

FILED
99 MAR 29 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 29 PM 4:11
DIVISION OF CORPORATION

FOREIGN FILINGS

NAME: KISSIMMEE MEDICAL TECHNOLOGIES LLC

M99-468

XXXX QUALIFICATION (TYPE: LL)

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W. P. Verifyer

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KAREN ROZAR

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Kissimmee Medical Technologies, LLC
(Name of foreign limited liability company)

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. March 19, 1999
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon registration
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 207 West Oak Street

Kissimmee, Florida
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR]who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Heart Care Imaging, LLC	MGRM		
8732 Riverfront Terace			
Jupiter, Florida 33469			

FILED
99 MAR 29 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Kissimmee Medical Technologies, LLC certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is $12,000.00;

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.)
and

4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is $0.
(This total includes amounts from 2 and 3 above.)

Signature of a member or an 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.)

Richard Rosene, Authorized Signatory of Heart Care Imaging, LLC, Managing Member
Typed or printed name of signee

FILED
09 MAR 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $250.00 for Application 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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: Kissimmee Medical Technologies, LLC

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

Corporation Service Company
(Name)

1201 Hays Street
(P.O. Box not acceptable)

Tallahassee, FL 32301
(City/State/Zip)

FILED
99 MAR 29 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Karen B. Rozar
(Signature)

Karen B. Rozar, Asst. Sec.
Corporation Service Company

3/26/99
(Date)

Filing Fee: $ 35 for Designation of Registered Agent

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KISSIMMEE MEDICAL TECHNOLOGIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 1999.

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

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03-26-99

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: