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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: HORIZON OPEN MRI OF CORAL SPRINGS, LLC  
(Name of corporation - must include suffix)  
*Limited Liability Company*

Dear Sir or Madam:

*Limited Liability Company*  
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to  
transact business in Florida. *LLC*

Please return all correspondence concerning this matter to the following:

ALAN G. Longwell  
(Name of Person)

900002863949--1  
-05/05/99-01083-008  
\*\*\*\*285.00 \*\*\*\*285.00

HORIZON MEDICAL GROUP, INC  
(Firm/Company)

5403 Ashton Ct.  
(Address)

SARASOTA, FL 34233  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

ALAN G. Longwell at ( 941 ) 925-3490  
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
99 MAY -5 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/5/99

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

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

1. HORIZON OPEN MRI OF CORAL SPRINGS, LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 65-0914884  
(FEI number, if applicable)
4. 3-8-99  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 5-1-99  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. Home Office  
5403 ASHTON CT. LOCATION 2825 UNIVERSITY DR.  
SARASOTA FL 34233 CORAL SPRINGS, FL 33065  
(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:
<u>MARTIN J KERN</u>	<u>MGRM</u>		
<u>5403 ASHTON CT</u>			
<u>SARASOTA FL 34233</u>			

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TALLAHASSEE, FLORIDA

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

**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:

HORIZON OPEN MRI OF CORAL SPRINGS, LLC

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

DANIEL BRANCH  
(Name)

5403 Ashton CT

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

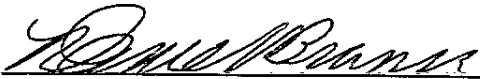
SARASOTA

FL

34233

City/State/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.*



(Signature)

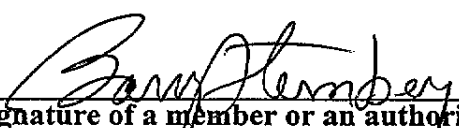
**Filing Fee: \$ 35 for Designation of Registered Agent**

**FILED**  
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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 HORIZON OPEN MRI  
of CORAL SPRINGS, 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 \$ 2,000,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ —;  
(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 \$ 2,000,000.  
(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.)

BARRY STERNBERG

Typed or printed name of signee

**FILED**  
99 MAY -15 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$250.00 for Application and Affidavit**

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORIZON IV, 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 THIRTIETH DAY OF MARCH, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORIZON OPEN MRI OF CORAL SPRINGS, LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 1999.

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

FILED  
99 MAY -5 PM 4:16  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA



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A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION:

9659628

DATE:

03-30-99