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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

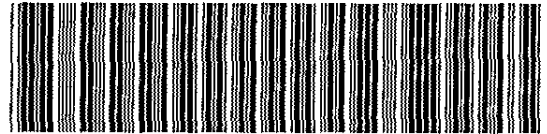
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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

FILED

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Excellence in Extremity MRI

March 26, 2004

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Extremity Imaging Partners, Inc.

To Whom It May Concern:

I am enclosing an Application by Foreign Corporation for Authorization to Transact Business in Florida, along with a Certificate of Good Standing issued by the Commonwealth of Pennsylvania. I have also enclosed a check in the amount of \$70.00 made payable to the Florida Department of State.

If you need any additional information, please do not hesitate to contact me at 724-933-6506.

Very truly yours,

Toni L. DiGiacobbe
Toni L. DiGiacobbe
Counsel

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TLD/mlz

Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Extremity Imaging Partners, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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.

Please return all correspondence concerning this matter to the following:

Toni L. DiGiacobbe
(Name of Person)
Extremity Imaging Partners, Inc.
(Firm/Company)
4500 Brooktree Road, Suite 300
(Address)
Wexford, PA 15090
(City/State and Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Toni DiGiacobbe at (724) 933-6506
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Extremity Imaging Partners, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania (State or country under the law of which it is incorporated) 3. 04-3627188 (FEI number, if applicable)

4. March 28, 2002 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4500 Brooktree Road, Suite 300 (Principal office address)

Wexford, PA 15090 (Current mailing address)

8. operation of MRI center; sales + service of MRI equipment (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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] Curt Kreisel, Asst Secretary (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FILED 04 MAR 31 PM 12: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: A. Jeremy DiGiacobbe, Jr.

Address: 2032 Lake Marshall Dr
Gibsonia, PA 15044

Vice Chairman: Calvin F. Zontine

Address: 126 Borthway Harbour
Bradford Woods, PA 15015

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Same as above

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. A. Jeremy DiGiacobbe Jr. - CEO
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

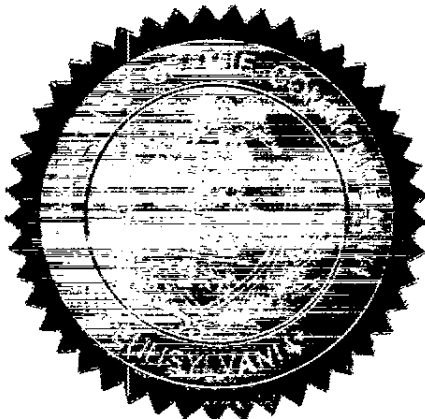
February 25, 2004

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

EXTREMITY IMAGING PARTNERS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .



IN TESTIMONY WHEREOF , I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Peter C. Conte's

Secretary of the Commonwealth

STMARTZ