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CERTIFICATE OF ASSUMED BUSINESS NAME
(All Corporations)

State Form 30353 (R10 / 1-0) **2002 063850**

State Board of Accounts Approved 2002

2002 JUL 16 PM 12:17
RECORDED

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

Lake

Indiana Code 23-15-1-1, et seq.

INSTRUCTIONS:

- 1. This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
- 2. FEES ARE PER CERTIFICATE. Please make check or money order payable to Indiana Secretary of State.

Please TYPE or PRINT.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership **\$30.00**
 Not-For-Profit Corporation **\$26.00**

1. Name of Corporation, LLC or LP Alliance Imaging, Inc.	2. Date of incorporation / admission / organization 5/87 - Delaware
3. Address at which the Corporation, LLC, LP will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) % CT Corporation Systems / 36 S. Penn St., # 700 City, state and ZIP code Indianapolis, IN 46204	
4. Assumed business name(s) Diagnostics Specialties Center / Munster Diagnostics Molecular Imaging Institute / Healthy Heart	
5. Principal office address of the Corporation, LLC, LP (street address) 1065 PacifiCenter Dr., Ste 200 City, state and ZIP code Anaheim, CA 92806	
6. Signature of officer or other authorized party <i>Michelle Horn</i>	7. Printed name and title Michelle Horn / Assistant Secretary
This instrument was prepared by:	

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



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S.H.
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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

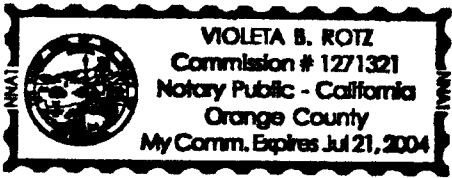
State of California

County of Orange } ss.

On 7/12/02, before me, Violeta B. Rotz
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Michelle Horn
Name(s) of Signer(s)

- personally known to me
 proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public

STOP
 This Document is the property of the Lake County Recorder!

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

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