



CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R10 / 1-02)

State Board of Accounts Approved 2002

2002 109070

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

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.

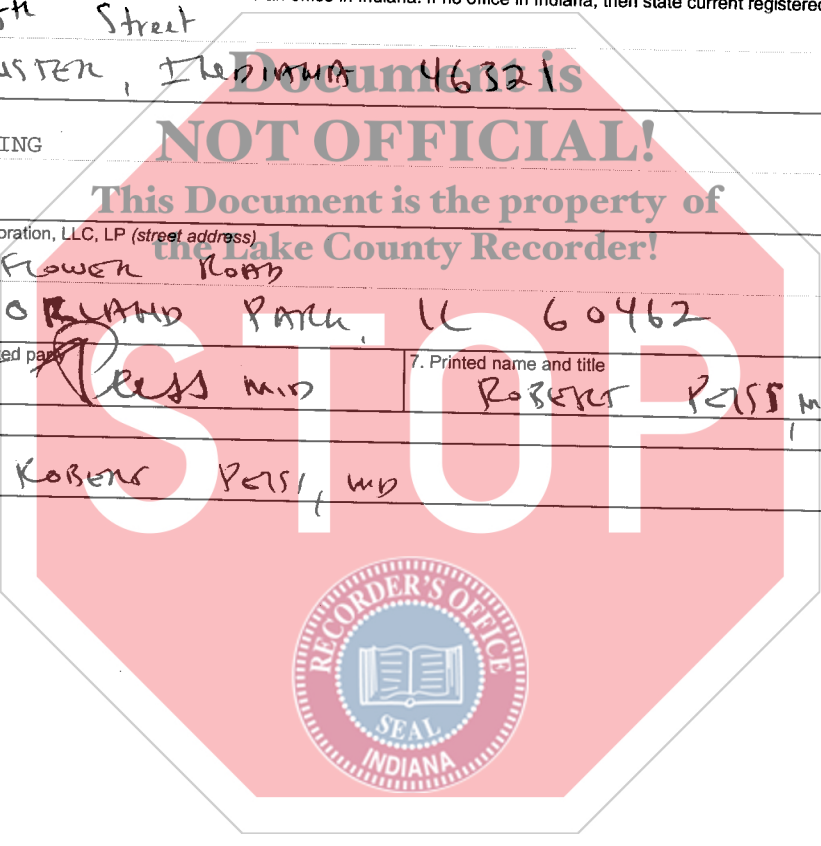
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Indiana Code 23-15-1-1, et seq.

FILING FEES PER CERTIFICATE:

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

1. Name of Corporation, LLC or LP NORTHERN ILLINOIS DIAGNOSTIC MEDICAL IMAGING, LTD.		2. Date of incorporation / admission / organization 4/19/01	
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) 1650 45th Street MUNSTER, INDIANA 46321			
City, state and ZIP code			
4. Assumed business name(s) ORLAND MEDICAL IMAGING			
5. Principal office address of the Corporation, LLC, LP (street address) 10514 WILDFLOWER ROAD ORLAND PARK, IL 60462			
City, state and ZIP code			
6. Signature of officer or other authorized party <i>[Signature]</i>		7. Printed name and title ROBERT PETSIS, MD, President	
This instrument was prepared by: ROBERT PETSIS, MD			



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