

# State of Idaho

Office of the Secretary of State

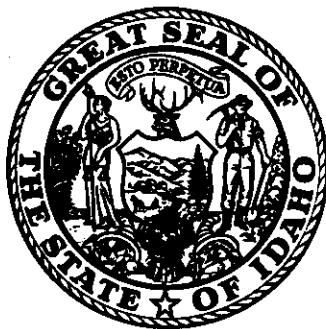
**CERTIFICATE OF AUTHORITY  
OF  
HCFS HEALTH CARE FINANCIAL SERVICES, LLC**

File Number W 133781

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

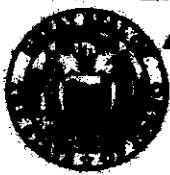
Dated: January 30, 2014



*Ben Ysuras*

SECRETARY OF STATE

By *May Drewe*



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN 30 PM 2:52

SECRETARY OF STATE  
STATE OF IDAHO  
REGISTRATION

1. The name of the limited liability company is:

HCFS Health Care Financial Services, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

\_\_\_\_\_

3. The jurisdiction under whose laws the limited liability company is formed is: Florida

4. The name and complete street address of the registered agent in Idaho is:

Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713

5. The street and mailing address of the limited liability company's principal office is:

265 Brookview Centre Way, Suite 400, Attn: Legal, Knoxville, TN 37919

Street Address

Mailing Address, if different

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

1801 NW 86th Ave., Suite 200A, Plantation, FL 33313

Street Address

Mailing Address, if different

7. The name and mailing address of at least one member or manager:

Team Radiology, Inc. 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

8. The mailing address for future correspondence:

265 Brookview Centre Way, Suite 400, Knoxville, TN 37919 Attn: Legal Dept.

9. Signature of a manager, member or authorized person.

Signature

John R. Stair

Typed Name

Secretary of State use only

IDaho SECRETARY OF STATE  
01/30/2014 05:00  
CK: NONE CT: 1157 BH: 1488423  
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W133781

# *State of Florida*

## *Department of State*

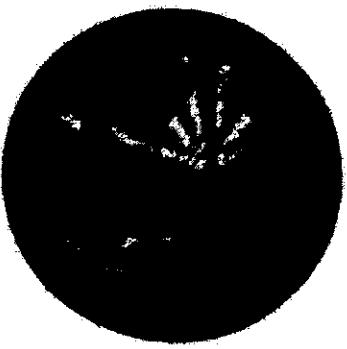
I certify from the records of this office that HCFS HEALTH CARE FINANCIAL SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 30, 2013, effective November 30, 1995.

The document number of this limited liability company is L13000178359.

I further certify that said limited liability company has paid all fees due this office through December 31, 2013, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Fifteenth day of January, 2014*



*Ken Detmer*

*Secretary of State*

Authentication ID: 600255669216-011514-L13000178359

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthiver.html>