

Filing Fee: \$100.00

86269

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

OFFICE OF THE SECRETARY OF STATE

100 NORTH MAIN STREET

PROVIDENCE, RHODE ISLAND

02903-1335

CERTIFICATE OF LIMITED PARTNERSHIP

Be it Known to All by these Presents, That we, the undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Chapter 7-13-8 of the General Laws of Rhode Island, do execute the following Certificate of Limited Partnership:

FIRST: The name of the partnership shall be Providence Open MRI, L.P.

SECOND: The address of the specified office of the partnership is 2300 Hospital Trust Tower, Providence, RI 02903

(NO. STREET, CITY OR TOWN IN RHODE ISLAND)

and the name of the specified agent for service of process at such address is Adler Pollock & Sheehan Incorporated

THIRD: The name and business address of each general partner:

General Partners	Residence (NO. STREET, CITY OR TOWN, STATE)
<u>MRI Management Associates, Inc.</u>	<u>4630 Street Road</u>
	<u>Trevose, PA 19053</u>

FOURTH: The mailing address for the limited partnership MRI Management Associates, Inc., 4630 Street Road, Trevose, PA 19053

FIFTH: The latest date upon which the limited partnership is to dissolve December 31, 2020

SIXTH: Any other matters the partners determine to include therein

(Use Schedule A if space below is not sufficient.)

Multiple horizontal lines for additional text or signatures.

In Testimony Whereof, We have hereunto set our hands and stated our residences this 28th day of September A.D. 19 95.

Signature(s) of all general Partners named therein
By: [Signature]
James M. Domesek, President of MRI Management Associates, Inc.

State of PA }
County of Phila } Sc.

At 3:00 PM in said county on the 28th day of Sept 19 95, before me personally appeared JAMES M. DOMESEK, MD who being by me first duly sworn, declared that he/she is the President of MRI Mgt. Assoc, Inc. that he/she signed the foregoing documents as such President of the corporation, and that the statements therein are true.

Sworn to and subscribed before me this 28th day of Sept 19 95

Christine T. Rawski
Notary Public

NOTARIAL SEAL
CHRISTINE T. RAWSKI, Notary Public
City of Philadelphia, Phila. County
My Commission Expires April 8, 1999

RECEIVED
SEP 28 1995
SEP 23 3 35 PM '95

FILED
SEP 28 1995
BY 4059148801