

Filing Fee: \$150.00

ID Number: 156773



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
AUG 30 12 50 PM '02

FILED

AUG 30 2002

By 1254296068

BUSINESS CORPORATION

ARTICLES OF INCORPORATION
(To Be Filed In Duplicate Original)

The undersigned acting as incorporator(s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is NATE WHIPPLE RADIOLOGY, INC.

(This is a close corporation pursuant to § 7-1.1-51 of the General Laws, 1956, as amended) (Strike if inapplicable.)

2. The period of its duration is (if perpetual, so state) PERPETUAL

3. The specific purpose or purposes for which the corporation is organized are:
FOR RADIOLOGY PRACTICE AND ANY OTHER FORMS OF MEDICAL IMAGING

4. The aggregate number of shares which the corporation shall have authority to issue is:
(a) If only one class. Total number of shares 500 (If the authorized shares are to consist of one class only state the par value of such shares or a statement that all of such shares are to be without par value.):

\$1.00 PAR VALUE

or
(b) If more than one class: Total number of shares _____ (State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of Chapter 7-1.1 of the General Laws, 1956, as amended, in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.):

5. Provisions, if any, dealing with the preemptive right of shareholders pursuant to § 7-1.1-24 of the General Laws, 1956, as amended:

NONE

6. Provisions, if any, for the regulation of the internal affairs of the corporation:

NONE

7. The address of the initial registered office of the corporation is 138 WARREN AVENUE

EAST PROVIDENCE, RI 02914 (Street Address, not P.O. Box)
and the name of its initial registered agent
at such address is DAVID DIPALMA (City/Town) (Zip Code)
(Name of Agent)

8. The number of directors constituting the initial board of directors of the corporation is ONE and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are: (If this is a close corporation pursuant to Section 7-1.1-51 of the General Laws, 1956, as amended, and there shall be no board of directors, state the titles of the initial officers of the corporation and the names and addresses of the persons who are to serve as officers until the first annual meeting of shareholders or until their successors be elected and qualify.)

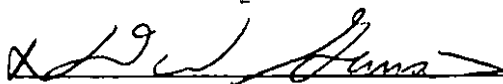
<u>Title</u>	<u>Name</u>	<u>Address</u>
<u>PRESIDENT</u>	<u>DAVID GUNASTI</u>	<u>4 PADDOCK DR., LINCOLN, RI 02865</u>
<u>SECRETARY</u>	<u>"</u>	<u>"</u>
<u>TREASURER</u>	<u>"</u>	<u>"</u>

9. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<u>DAVID GUNASTI</u>	<u>4 PADDOCK DRIVE, LINCOLN, RI 02865</u>
<u></u>	<u></u>
<u></u>	<u></u>

10. Date when corporate existence is to begin UPON FILING
(not prior to, nor more than 30 days after, the filing of these articles of incorporation)

Date: 8/28/02



Signature of each Incorporator

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

In EAST PROVIDENCE, on this 28TH day of AUGUST, 2002, personally
appeared before me DAVID GUNASTI,
each and all known to me and known by me to be the parties executing the foregoing instrument, and they severally
acknowledged said instrument by them subscribed to be their free act and deed.


Notary Public

My Commission Expires: 2/14/2005

NORCAL
 Mutual Insurance Company
 560 Davis Street
 San Francisco, CA 94111
 Telephone: (415) 397-9700
 (800) 652-1051

DECLARATIONS PAGE

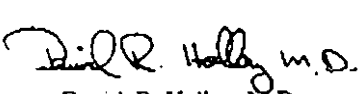
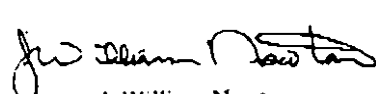
PROFESSIONAL LIABILITY
INSURANCE POLICY

POLICY NUMBER: 611057

PRODUCER: Rhode Island Medical Society Insurance
 Brokerage Corp
 One Hayes Street
 Providence, RI 02908

MEMBERSHIP DATE: July 1, 1997

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 OPERATIONS DIV
 AUG 30 12 51 PM '02

ITEM 1:	NAMED INSURED AND MAILING ADDRESS: David K. Ginnati, MD Memorial X-Ray Services 171 East Hill Drive Cranston, RI 02920							
ITEM 2:	POLICY PERIOD Effective Date: January 1, 2002	Expiration Date: January 1, 2003						
ITEM 3:	RETROACTIVE DATE: July 1, 1997							
ITEM 4:	PRACTICE DESCRIPTION Medical Specialty: Diagnostic Rad No Coronary Arterio Classification Code: 3992							
ITEM 5:	COVERAGES AND LIMITS OF LIABILITY PROVIDED (YOU HAVE INSURANCE ONLY WHERE COVERAGE IS INDICATED WITH AN "X") <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <table style="width: 100%;"> <tr> <td style="width: 10%;">\$</td> <td style="width: 30%;">2,000,000</td> <td style="width: 60%;">Each <u>Claim</u></td> </tr> <tr> <td>\$</td> <td>4,000,000</td> <td>Aggregate Limit per <u>Policy Period</u></td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> AUG 30 2002 By <u>[Signature]</u> </div> <p><input checked="" type="checkbox"/> COVERAGE A: Professional Liability Insurance- Claims Made</p> <p><input type="checkbox"/> COVERAGE B: Limited Professional Office Premises Liability Insurance - Claims Made</p> <p>THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED WHILE THE POLICY IS IN FORCE.</p>		\$	2,000,000	Each <u>Claim</u>	\$	4,000,000	Aggregate Limit per <u>Policy Period</u>
\$	2,000,000	Each <u>Claim</u>						
\$	4,000,000	Aggregate Limit per <u>Policy Period</u>						
ITEM 6:	POLICY PREMIUM	\$ 5,902.00						
ITEM 7:	ENDORSEMENTS ATTACHED TO THE POLICY AT INCEPTION AND FORMING A PART OF THIS POLICY ARE LISTED ON THE ATTACHED ENDORSEMENT SCHEDULE.							
DATE ISSUED: November 3, 2001								
In witness whereof:								
 David R. Holley, M.D. Secretary		 J. William Newton President						



(415) 397-8700
(800) 852-1051
(907) 563-3414 (in Alaska)

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

Name and Address of Insured

DAVID GUNASTI MD
MEMORIAL X-RAY SERVICES
171 EAST HILL DRIVE
CRANSTON RI 02920

ATTN: DONNA MC KENZIE

Original
603644

Insurance afforded by this policy is CLAIMS-MADE Professional Liability Insurance

Policy Number	Limits of Liability	Annual Policy Period: As of 12:01 a.m. local time
611057	2,000,000 each claim 4,000,000 aggregate 0 deductible	Effective Date: 01/01/02 Expiration Date: 01/01/03 Retro Date: 07/01/97

Current Medical Specialty: 8992 DIAG RADIOLOGY-NO CORONARY ARTERIO

Certificate Holder

This is to certify that the policy of insurance listed above has been issued to the insured named above for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Should the above policy be canceled before the expiration date, NORCAL will endeavor to mail 10 days written notice to the certificate holder named above, but failure to provide such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. The policy provides that it is the responsibility of the insured to inform recipients of Certificates of Insurance of any changes in coverage or termination or cancellation of the policy.

By: **NORCAL Mutual Insurance Company**

Date: 12/12/01

DAVID R. HOLLEY, M.D.
Secretary

** TOTAL PAGE.01 **