Law Offices of
Kenneth D. Romer
58 High Gate Drive
Avon, CT 06001-4111

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October 13, 2008

State of Connecticut
Office of Health Care Access
410 Capitol Avenue, MS# 13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

Re: CON Letter of Intent
Capitol Upright MRI, LLC
Docket Number 08-_____

Attention: Commissioner Cristine A. Vogel

Dear Commissioner Vogel:

I am the attorney for Capitol Upright MRI, LLC (hereinafter, "the Applicant"); additionally, Dr. Yvette D. Bailey, a managing member (25% interest) and chief executive officer of the Applicant, is my wife.

Pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Sections19a-643-79 of the Regulations of the Office of Health Care Access, and in compliance with the requirements of the Letter of Intent phase of the Certificate of Need application, I am enclosing herewith the following:

(i) the original and six (6) photocopies of the completed 6-page Letter of Intent Form (Form 2030), together with a 2-page addendum thereto (constituting "SECTION IV. PROJECT DESCRIPTION"); and

(ii) seven (7) photocopies of an 8-page quotation from Fonar Corporation for the purchase of one Fonar Upright (Stand-Up) MRI Scanner.

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Additionally, and in an effort to assist the Office of Health Care Access in preparing the Certificate of Need application form, I am also enclosing one copy of the following (I did not want to create a burden by enclosing six additional copies, but I would be pleased to provide same if you so desire):

(i) a photocopy of a 2-page report from the Connecticut Secretary of State confirming the filing of the Articles of Organization of the Applicant;

(ii) a photocopy of a 4-page curriculum vitae for Dr. Bailey;

(iii) a photocopy of a 3-page curriculum vitae for Dr. Inam U. Kureshi (a 25% member of the Applicant);

(iv) a photocopy of a 3-page curriculum vitae for Dr. Andrew E. Wakefield (a 25% member of the Applicant);

(v) a photocopy of a 3-page curriculum vitae for Dr. Joseph Aferzon (a 25% member of the Applicant);

(vi) a 2-page letter of support for the Applicant from Dr. Kureshi;

(vii) a 2-page letter of support for the Applicant from Dr. Aferzon; and

(viii) a 2-page letter of support for the Applicant from Dr. Bailey.

Each of the four members (Drs. Bailey, Kureshi, Wakefield and Aferzon) made an initial investment of Sixty thousand ($60,000.00) dollars into the Applicant, for a total of Two hundred forty thousand ($240,000.00) dollars, to be used for a deposit on the purchase of a Fonar Upright MRI Scanner and for working capital, etc.

The Applicant has entered into an agreement with Fonar Corporation for the purchase of one (1) Fonar Upright (Stand-Up) MRI Scanner at the price of One million six hundred thousand ($1,600,000.00) dollars, contingent only upon the ultimate issuance of a Certificate of Need for same by the Office of Health Care Access. Upon execution of such agreement, the Applicant paid to Fonar Corporation, a deposit in the amount of Two hundred thousand ($200,000.00) dollars.

Banc of America Leasing & Capital, LLC, has offered to lend up to $2,000,000.00 to the Applicant, to be amortized over a term of five years, at a rate of interest "equal to the rate publicly

Continued . . . .

announced by Bank of America, N.A. as its 'Prime Rate' plus 1%." The collateral for such conventional loan will be the Fonar Upright MRI Scanner; additionally, Drs. Bailey, Kureshi, Wakefield and Aferzon will each guaranty 25% of said loan.

Subject, of course, to the constraints set forth in Section 19a-639(b)(2) of the Connecticut General Statutes, Dr. Bailey and I are extremely anxious to have the Applicant proceed with the project at the earliest possible moment. We would be pleased to provide any information which you feel would facilitate your preparation of the Certificate of Need application form.

If you have any questions or comments, please do not hesitate to contact me.

May I take this opportunity to thank you and your staff for your time, attention, courtesy and consideration.

Very truly yours,

Kenneth D. Romer

Enclosures

Express Mail

cc: Ms. Kimberly R. Martone,
Certificate of Need Supervisor
(with enclosures)

ORIGINAL

State of Connecticut
Office of Health Care Access
Letter of Intent Form
Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	Capitol Upright MRI, LLC	
Doing Business As	Capitol Upright MRI	
Name of Parent Corporation	Not Applicable	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	58 High Gate Drive Avon, CT 06001-4111	
Identify Applicant Status: P for Profit or NP for Nonprofit	P	
Does the Applicant have Tax Exempt Status?	~~Yes~~ No	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Kenneth D. Romer, Esq., Attorney for Capitol Upright MRI, LLC	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	58 High Gate Drive Avon, CT 06001-4111	
Contact Person Telephone Number	(860) 673-9200	
Contact Person Fax Number	(860) 673-8899	
Contact Person e-mail Address	mcraeromer@juno.com	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: Capitol Upright MRI, LLC

b. Project Proposal: New, state of the art, Fonar Upright MRI, for Farmington, CT.

c. Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

☐ Medical/Surgical ☐ Cardiac ☐ Pediatric ☐ Maternity
☐ Trauma Center ☐ Transplantation Programs
☐ Rehabilitation *(specify type)* _____
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Inpatient *(specify)* _____

Outpatient Service(s):

☐ Ambulatory Surgery Center ☐ Primary Care ☐ Oncology
☐ New Hospital Satellite Facility ☐ Emergency ☐ Urgent Care
☐ Rehabilitation *(specify type)* _____ ☐ Central Services Facility
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Outpatient *(specify)* _____

Imaging:

☒ MRI ☐ CT Scanner ☐ PET Scanner
☐ CT Simulator ☐ PET/CT Scanner ☐ Linear Accelerator
☐ Cineangiography Equipment ☐ New Technology: _____

Non-Clinical:

☐ Facility Development ☐ Non-Medical Equipment ☐ Renovations
☐ Change in Ownership or Control ☐ Land and/or Building Acquisitions
☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
☐ Other Non-Clinical: _____

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

☐ Yes ☒ No

If you checked "Yes" above, please check the appropriate box below:

☐ New (F, S, Fnc) ☐ Additional (F, S, Fnc) ☐ Replacement
☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Termination of Service
☐ Reduction ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed $3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes ☒ No

If you checked "Yes" above, please check the boxes below, as appropriate:

☐ New equipment acquisition and operation

☐ Replacement equipment with disposal of existing equipment

☐ Major medical equipment

☐ Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

17 Talcott Notch Road, Farmington, Connecticut 06032

g. List each town this project is intended to serve: Avon, Bloomfield, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Enfield, Farmington, Granby, Hartford, New Britain, Newington, Plainville, Simsbury, South Windsor, Suffield, Weathersfield, West Hartford, Windsor and Windsor Locks

h. Estimated starting date for the project: April 1, 2009

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $ 1,828,000

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases* Fonar Upright MRI Scanner	$1,600,000
Medical Equipment Purchases*	
Non-Medical Equipment Purchases* PACS Archiving System	28,000
Land/Building Purchases	
Construction/Renovation	100,000
Other (Non-Construction) Specify: Shipping, Installation & furniture	100,000
Total Capital Expenditure	$1,828,000
Major Medical Equipment – Fair Market Value of Leases Medical	
Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
Total Capital Cost	- 0 -
Total Project Cost	$1,828,000
Capitalized Financing Costs (Informational Purpose Only)	- 0 -

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost exceeding $20,000,000 or if the proposal is for major medical equipment exceeding $3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes ☒ No (Not Applicable)

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

   ☐ Energy Conservation ☐ Health, Fire, Building and Life Safety Code

   ☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Upright MRI Scanner	Fonar	Stand-Up	One (1)	$1,600,000

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked):

[X] Applicant's Equity	[ ] Capital Lease	[X] Conventional Loan
[ ] Charitable Contributions	[ ] Operating Lease	[ ] CHEFA Financing
[ ] Funded Depreciation	[ ] Grant Funding	
[ ] Other *(specify)* _____		

SECTION IV. PROJECT DESCRIPTION

In paragraph format, please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

   See paragraph "1" on Addendum Page "1".

2. List the types of services being proposed and what DPH licensure categories will be sought, if applicable.

   See paragraph "2" on Addendum Page "1".

3. Identify the current population served and the target population to be served.

   See paragraph "3" on Addendum Page "1".

4. Identify any unmet need and describe how this project will fulfill that need.

   See paragraph "4" on Addendum Pages "1" and "2".

5. Are there any similar existing service providers in the proposed geographic area?

   See paragraph "5" on Addendum Page "2".

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

   See paragraph "6" on Addendum Page "2".

7. Who will be responsible for providing the service?

   See paragraph "7" on Addendum Page "2".

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

   See paragraph "8" on Addendum Page "2".

AFFIDAVIT

To be completed by each Applicant

Applicant: Capitol Upright MRI, LLC

Project Title: Capitol Upright MRI

I, Yvette D. Bailey, M.D. (Name), Managing Member and C.E.O. (Position – CEO or CFO)

of Capitol Upright MRI, LLC being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that Capitol Upright MRI (Facility Name) complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

October 15, 2008
Date

Subscribed and sworn to before me on October 15, 2008

Theresa Matava
Notary Public/Commissioner of Superior Court

My commission expires:

THERESA MATAVA
NOTARY PUBLIC
MY COMMISSION EXPIRES SEP. 30, 2012

RECEIVED
2008 OCT 21 P 2:55
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

ADDENDUM TO LETTER OF INTENT FORM (Form 2030)

Capitol Upright MRI, LLC

This addendum is directly referable to page "5" of the Letter of Intent submitted to the Office of Health Care Access.

SECTION IV. PROJECT DESCRIPTION

1. The Applicant does not currently provide services of any nature; consequently, said Applicant does not hold any Department of Public Health license.

2. The Applicant proposes to offer a new, state of the art, Fonar Upright MRI. The unique magnet configuration of the "Upright MRI", also known as the "Stand-Up MRI", makes it the only scanner that allows for "Position Imaging". Any region of the body can be scanned with the patient standing, sitting, bending or lying down, in virtually any position of pain or other symptoms. Indeed, the Fonar Upright MRI "sees pathology" that no other scanner can "see". Such Fonar Upright MRI is the most patient-friendly MRI scanner; although, as stated above, patients can be scanned recumbent, standing or bending, they are typically scanned in a comfortable seated position watching a 42" flat-screen TV throughout the scanning process. Because of the aforementioned magnet configuration, there is nothing in front of the patient's face or directly overhead to create a "closed-in" feeling. Patients no longer have to suffer from claustrophobic reactions commonly associated with "tube" or "tunnel" MRI scanners, and even some so-called "Open MRI" scanners. In fact, Fonar Upright MRI users routinely scan patients who were unable to tolerate other MRI scanners or who simply could not fit into them, including patients weighing as much as 500 pounds. The Fonar Upright MRI meets special needs as well. For patients who are physically unable to lie down, said Fonar Upright MRI is the only scanner that can accommodate them. Young children are frequently anesthetized for their MRI scans in order to prevent motion artifacts. Since children can sit comfortably watching TV in the Fonar Upright MRI, the motion problem can be eliminated, thereby avoiding the added expenses and risks of anesthesia. Finally, infants can be scanned risk-free, sleeping peacefully on their parents' laps throughout their scans. Kenneth D. Romer, Esq., the attorney for the Applicant, contacted the Department of Public Health and was advised that the Fonar Upright MRI does not require any license.

3. As set forth in paragraph "1" above, the Applicant does not currently provide services of any nature. The target population which said applicant proposes to serve consists of approximately 675,000 persons.

4. The Applicant proposes to purchase and operate the Fonar Upright MRI in Farmington, Connecticut, which will be the only MRI of its kind in the Central and Northern Connecticut area. Upon information and belief, the only other two Fonar Upright MRI scanners in the entire State of

Continued . . . .

Connecticut are located in New Haven, and do not adequately service the needs of patients in Central and Northern Connecticut. Knowing the full extent of pathology and the differences in anatomy between the upright and recumbent positions can be critical. Lie-down-only MRIs cannot detect pathology that is visible only when the patient is scanned in an upright position. A lie-down scan may also underestimate the maximum degree of pathology and miss its dynamic nature. Only the Fonar Upright MRI gives the complete picture of the patients' problems.

5. As stated in paragraph "4" above, there are no similar existing service providers in the proposed geographic area of Central and Northern Connecticut.

6. The anticipated effect of the current proposal on the health care delivery system in the State of Connecticut would be extremely positive. As is set forth in greater detail in paragraphs "2" and "4" above, the unique technology of the Fonar Upright MRI allows for dynamic scanning of patients, enabling diagnoses which are not possible with conventional horizontal scanners as well as other Open MRI scanners. Additionally, due to its unique technology, such Fonar Upright MRI's image quality is superior to that of all other Open MRI scanners. Perforce, no other scanner in Central and Northern Connecticut can provide the benefits of the Fonar Upright MRI, including, but not limited to (i) the diagnosis of gravity-dependent spine and joint disease, (ii) the diagnosis and monitoring of scoliosis without exposure to continuous and dangerous doses of radiation, (iii) superior diagnoses, generally, leading to more-successful surgical outcomes, and (iv) fewer repeat surgeries as a direct result of fewer failed surgeries. Moreover, the benefits of said Fonar Upright MRI are quite dramatic, when scanning patients having orthopedic hardware (metal plates, rods and screws, etc.), resulting in fewer artifacts and superior image quality (metal plates, rods and screws, etc., are clearly visible, instead of white-out areas [artifacts] with conventional horizontal scanners and other Open MRI scanners).

7. Dr. Yvette D. Bailey, will be responsible for providing the service proposed by the Applicant. Dr. Bailey, a managing member (25% interest) and chief executive officer of the Applicant, is Board Certified in radiology and Fellowship trained in Interventional Radiology, licensed to practice medicine in the State of Connecticut, has received special training in MRI (msk, body and neuro), and is skilled and experienced in all areas of radiology, including Ultrasound, Cat Scan, Nuclear Medicine and PET, etc.

8. As stated in paragraphs "1" and "3" above, the Applicant does not currently provide services of any nature; consequently, there are no "current payers" of the service proposed by said Applicant. At present, Fonar Upright MRI scans are essentially unavailable in Central and Northern Connecticut, and any patient who, for medical reasons , requires such Fonar Upright MRI scanner, must travel between 40 and 100 miles for same. When the proposed project becomes operational, it is anticipated that the Applicant will immediately perform scans on between six and nine patients per day (referred by three Neurosurgeons - Dr. Inam U. Kureshi, Dr. Andrew E. Wakefield and Dr. Joseph Aferzon - each being a 25% member of the Applicant). All such MRI scans will be paid for by Commercial Insurers or by the subject patients, rather than by Medicare, Medicaid, TriCare or Workers Compensation. The foregoing will enable the Applicant to succeed without negatively impacting on other MRI scanners in the area, and said Applicant will be located a sufficient distance from New Haven, to result in no impact on the existing two Fonar Upright MRI Scanners.

FONAR CORPORATION
110 MARCUS DRIVE
MELVILLE, NEW YORK 11747-4292
(516) 694-2929
(516) 249-3734 Fax

DATE February 5, 2008
QUOTATION NO 020508/RVD/332
REPRESENTATIVE Palladium/DT

Inquiries regarding this quotation should refer to quotation number, indicated product line and be directed to the representative indicated above.

FONAR Corporation is pleased to submit the following page quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions included in this quotation.

Mr. Kenneth Romer, Esq.
58 High Gate Drive
Avon, CT 06001

EXHIBIT A

Quotation

ITEM NO.	QUANTITY	DESCRIPTION	PRICE

Indomitable™: The FONAR Upright™ MRI

The Upright™ MRI is a unique and versatile whole-body MRI system with a broad range of clinical capabilities and a complete set of imaging protocols. The Upright™ MRI scanner features Position™ imaging (pMRI™) and weight-bearing MRI applications. Your patients can flex, bend, extend and, importantly, the patient bed will rotate from upright to horizontal.

The Upright™ MRI system provides revolutionary patient comfort. The patient sits upright in a magnet with two vertical magnetic poles. There is nothing in front of the patient's face except for a 42-inch television. Your patient can simply walk up to the magnet, sit down, have their scan and walk away.

This multi-positional MRI system provides an unrestricted range of motion for flexion and extension studies. Previously difficult patient scanning positions can be achieved using the unique MRI-compatible motorized patient handling system. The system can scan spines and joints in the weight-bearing state, and the brain with the patient upright. Patients can also be scanned in the conventional recumbent position.

The system is equipped with high-performance Whisper Gradients™ capable of high resolution and fast scanning, a set of high-performance RF receiver coils and a high-speed computer-processing platform with extensive software features promoting productivity.

FONAR CORPORATION

AUTHORIZED SIGNATURE Raymond Damadian DATE February 5, 2008

TITLE President THIS QUOTATION VALID FOR 30 days

CUSTOMER'S ACCEPTANCE

BUYER _____

AUTHORIZED SIGNATURE _____

TITLE _____ DATE _____

The Upright™ MRI system includes:

A. Magnet
B. Patient Positioning System
C. Gradient System
D. Computer Architecture
E. User-Interface and MRI Software
F. Radiofrequency System
G. Imaging Techniques

A. MAGNET

Field Strength:	0.6 Tesla
Type:	Iron-frame electromagnet
Cryogens:	Not required
Configuration:	Front-open and top-open design
Key Benefits:	Patients can look out at a 42-inch television with an unobstructed view, while sitting or standing in the magnet. Unrestricted range of motion for flexion and extension studies
Field Orientation:	Horizontal, transverse to the patient
Patient Gap:	18-inch (46 cm) pole-to-pole, horizontal gap

B. PATIENT POSITIONING SYSTEM

Positioning Capabilities:	Sitting (attachable/removable seat) Standing Advance the upright patient into the center of the magnet With the patient vertical, translation of the table provides an elevator function, placing the anatomy of interest at magnet isocenter. Rotate the patient from upright to recumbent Variable positioning at any intermediate angle Long pad/cushion for patient comfort during recumbent scans With the patient horizontal, translation of the table advances the recumbent patient into the magnet in the conventional manner. True image orientation is assured regardless of the rotation angle via computer read back of current bed position.

Patient Stabilization:	Table tilted slightly backwards to reduce patient motion during upright scanning. Magnet poles on the left and right of the patient reduce lateral motion.
Control:	Motorized and MRI-compatible A dedicated computer controls the bed movement. Pre-programmed modes of operation (vertical, horizontal and tilt) are initiated using a multi-function keypad.
pMRI™ Support Fixtures:	Two movable, MRI-compatible transpolar stabilization bars (VersaRest™) used for enhancing patient comfort during multi-positional scans such as flexion, extension, rotation and lateral bending Removable seat assembly with footrest
RF Coil Placement:	Support fixtures for RF receiver coils integrated into the bed Enhanced-throughput Universal Mounting Fixture for securing RF receiver coils to the bed is patient-height adjustable. Head cradle for recumbent and upright scanning Dedicated ACR Phantom Fixture to hold the calibration phantom and receiver coil at isocenter with patient positioning system in the upright position (ACR phantom included)
Weight Limit:	500 lbs

C. GRADIENT SYSTEM

Low acoustic-noise Whisper Gradients™ create a patient-friendly scan environment. High-performance gradient operation provides high resolution and fast scanning capabilities. The gradient controller ensures precise digital control, flexible waveform generation and advanced pulse sequence programming capabilities.

Gradient Strength (Max.):	20 mT/m
Slew Rate (Max.):	33 T/m/s
Minimum Slice Thickness:	2.0 mm (2DFT), 0.8 mm (3DFT)
Minimum Field-of-View:	6 cm
Type:	Self-shielded, biplanar
Cooling System:	Air-cooled electronics Air-cooled coils
Patient Comfort:	Extremely low-noise

D. COMPUTER ARCHITECTURE

Type:	Dual Symmetric Multi-Processor
Operating System:	Microsoft Windows 2000
CPU Speed:	Two (2) Pentium-class processors (2.8 GHz minimum)
Reconstruction Speed:	10 images per second (0.1 seconds per 256^2 image for 2DFT)
RAM:	1.0 GB
Online Storage:	Three 146 GB SCSI hard drives configured in a redundant array with a storage capacity of 290 GB
Archive Media:	DVD and CD
Remote Service:	Link to FONAR field service headquarters

E. USER-INTERFACE AND MRI SOFTWARE

The Upright™ MRI dual-screen console includes both a scan control monitor and an image display workstation. The technologist-friendly MRI applications software platform can simultaneously run key processes, including scanning, reconstruction, MIP, image review and archive, filming, patient appointments and next scan set-up. The multi-window graphical user-interface utilizes pre-defined user protocols which quickly set-up and initiate scans. This speeds technologist training and ensures consistent clinical performance. The system is equipped with a complete set of protocols utilizing a broad range of advanced imaging techniques.

Console Configuration:	Dual-screen, 1280 x 1024 high-resolution graphics monitors (19")
Controls:	Keyboard and Mouse
Operation:	Multiple windows multi-tasking environment
Anatomic Protocols:	Pre-programmed and user-expandable
Productivity:	Multi-tasking includes simultaneous scanning, reconstruction and MIP
Connectivity:	Dicom 3.0 including Store, Print, Query, Retrieve and Modality Worklist
Image Display Features:	Variable screen format (1,2,4,6,12,20-up) Real-time continuous zoom and pan Variable-speed paging (cine loop) under mouse control Image Display Stack Mode for side-by-side paging comparisons of slices from a multi-positional set of scans on a specific patient Film Manager controlling digital interface to laser camera Independently windowed image frames Image enhancement and noise reduction Reverse contrast Unique identifying labels for each frame Pixel intensity, distance and angle measurements Region-of-Interest (ROI) cursors with statistical analysis
Scout-scan Plan:	Graphical set-up for number of slices, TR, slice thickness and interval, FOV, oblique angle and pre-saturation pulses

F. RADIOFREQUENCY SYSTEM

Optimal RF transmission is achieved using a digital frequency synthesizer and programmable RF pulse shaper. The flat RF transmitter is fully integrated into the patient gap. NMR signal reception is accomplished using one of the high signal-to-noise solenoidal RF receiver coils available for whole-body imaging. Signal processing utilizes state-of-the-art advanced front-end electronics designed for imaging flexibility.

Power Amplifier:	9 kW
Transmitter Type:	Quadrature
Transmitter Configuration:	Planar
Preamplifier:	Low-noise
Tuning:	Automatic
Amplifier Gain:	Computer-controlled
Demodulator reference:	Programmable for off-center FOV imaging
Audio filter:	Programmable for variable-bandwidth imaging

RF Receiver Coils

Standard Package:

High-Performance Spine and Body Coil Set

45" wide belt coil (0120029-00)	$ 15,000 (included)
55" wide belt coil (0120028-00)	$ 18,000 (included)
65" wide belt coil (0120031-00):	$ 20,000 (included)

Flexible, wrap-around solenoid coils provide uniform posterior-to-anterior signal intensity and extended longitudinal coverage for spine and body imaging. User can choose the optimal patient filling factor to increase the SNR.

Flexible Cervical Coil – small (0120045-01) and	$ 15,000 (included)
Flexible Cervical Coil – large (0120045-02):	$ 15,000 (included)

These flexible wrap-around solenoid coils optimize imaging for the cervical spine and are ideally suited for *p*MRI™ applications such as Flexion and Extension.

Signal-Plus™ Universal Coil (0120025-11):	$ 15,000 (included)

This multi-purpose solenoid coil is used for brain, foot, extra-large cervical and knee imaging applications.

Solenoid Wrist Coil (0211068-00):	$ 12,000 (included)

Rigid multi-conductor circular design optimized for high-resolution wrist (and small extremity) imaging.

G. IMAGING TECHNIQUES

Acquisition Methods:	2DFT & 3DFT
Pulse Sequences:	Spin Echo (single and double echo)
	Inversion Recovery
	STIR
	Gradient Echo
	RF Spoiling
	Gradient Spoiling
	Steady State Preserved
	Fat & Water In and Out-of-Phase
	Fast Spin Echo
	Variable Echo Train Length
	FLAIR for CSF suppression
	Driven Equilibrium Fast Spin Echo
	MR Angiography
	2D and 3D Time-of-Flight (TOF)
	Walking pre-saturation band(s) to suppress venous/arterial flow
	Targeted MIP (Maximum Intensity Projection)
Imaging Capabilities:	Multi-Angle Oblique™ (MAO) Imaging
	Swap Frequency and Phase
	$(512)^2$ Acquisition Matrix
	Anti-Aliasing
	Reduced Bandwidth and Multi-Bandwidth Imaging
	Off-Center FOV Imaging
	Rectangular FOV
	Variable-Interval Scanning
	Spatially Selective Pre-saturation
	Flow Compensation
	Breath-hold Imaging
	Multiple Sub-Scan Technique (sequential acquisition)

Design specification only. All system specifications are rapidly advancing and subject to changes.

SYSTEM PRICE **$ 1,550,000 ***

*** plus tax if applicable**

OPTIONS

Quadrature T/L Coil (0110121-11) Combining a solenoid and planar coil (each with its own tunable, embedded pre-amplifier) provides high SNR performance for lumbar and thoracic spine scans. This versatile RF coil is also used for body MRI applications.	$ 37,000
Quadrature Head Coil (0120049-12) Combining a solenoid and saddle coil (each with its own tunable, embedded pre-amplifier) provides high SNR performance in an extremely comfortable coil design. Patients can easily "see out" to watch TV, and a three-point immobilization fixture prevents patient motion. The coil accommodates the ACR Phantom.	35,000
Quadrature Knee Coil (0120057-00) Combining a solenoid and saddle coil (each with its own tunable, embedded pre-amplifier) provides high SNR performance for extremity imaging. The coil easily slides up and down for optimal positioning over the patient's knee. The coil is left/right knee adaptable.	25,000
Quadrature Planar Coil (with fixture) (0120067-00) Combining a ring and butterfly coil (each with its own tunable, embedded pre-amplifier) provides high SNR performance for lumbar and thoracic spine scans. With the coil positioned vertically in the Planar Flexion Fixture, the patient simply walks in and sits down. In lumbar flexion studies, the movable Planar Flexion Fixture keeps the planar coils in contact with the patient's lower back.	30,000
Phased Array Shoulder Coil (012077-00) (with Shoulder Immobilization Fixture) This high SNR performance left/right shoulder adaptable phased array coil can be used in conjunction with a portable shoulder immobilization fixture. Positioning the patient's shoulder at the center of the magnet is easy, and patients are comfortable during their shoulder exams.	50,000
Advanced Coil Package Total	$ 177,000

TERMS OF SALE

*FOB FONAR Corporation's Plant, Melville, New York

*Payment Terms:
- 20% non-refundable down payment upon execution of FONAR accepted Purchase Order by signing of FONAR quotation[1]
- 20% Immediately upon receipt of a delivery date for the magnet sub-system from Fonar but in any event no later than 60 days after down payment
- 30% payment (a) immediately prior to shipment of system magnet, or (b) 120 days after down payment, whichever is earlier
- 20% payment (a) immediately prior to shipment of system electronics, or (b) 150 days after down payment, whichever is earlier
- 10% payment upon acceptance

*FONAR must receive the final payment before commencing training.

*First year full warranty (parts and labor)

*Rigging, Shielding, Shipping and Insurance are the responsibility of customer.

*Camera is not included.

[1] Purchase Orders must incorporate by reference, and be placed in accordance with, FONAR Corporation's Sales Agreement (Form 001).

FONAR Corporation

By:_____ _____

Raymond Damadian — Date

President

Kenneth Romer, Esquire

By:_____ _____

Mr. Kenneth Romer, Esquire — Date

SECRETARY OF THE STATE
30 TRINITY STREET
P.O. BOX 150470
HARTFORD, CT 06115-0470

FEBRUARY 15,2008

KEN ROMER
58 HIGH GATE DR
AVON, CT 06001

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of the following business filing:

Business Name:
CAPITOL UPRIGHT MRI, LLC

Work Order Number: 2008037589-001
Business Filing Number: 0003629468
Type of Request: ARTICLES OF ORGANIZATION
File Date/Time: FEB 15 2008 12:00 PM
Effective Date/Time:
Work Order Payment Received: 85.00
Payment Received: 85.00
Credit on Account: .00
Customer Id: 001528987
Business Id: 0926816

STEPHANIE GARY
Commercial Recording Division
860-509-6031
WWW.CONCORD.SOTS.CT.GOV

BUSINESS FILING REPORT

WORK ORDER NUMBER:2008037589-001
BUSINESS FILING NUMBER: 0003629468

BUSINESS NAME:

CAPITOL UPRIGHT MRI, LLC

BUSINESS LOCATION:

58 HIGH GATE DR.
AVON,CT 06001

MAILING ADDRESS:

58 HIGH GATE DR.
AVON,CT 06001

MEMBER INFORMATION FOR ONE MEMBER:

NAME:YVETTE BAILEY
TITLE:PRESIDENT

** END OF REPORT **

Yvette D. Bailey, M.D.
58 High Gate Drive
Avon, Connecticut 06001

EMPLOYMENT

Quinnipiac University
Hamden, CT
Medical Director-RA program
January 2007 - 2008

Caritas Holy Family Hospital
Methuen, MA
Staff/Contract Radiologist
February 2002 – Present

Providence VA Medical Center
Providence, RI
Staff/Contract Radiologist
March 2006 – 2007

VA Medical Center
Dartmouth University
White River Junction, VT
Staff/Contract Radiologist
March 2004 – December 2005

Fallon Medical Center
Wing Memorial Hospital – UMASS Medical Center
Staff/Contract Radiologist
July 2001 – June 2006

University of Connecticut
John Dempsey Hospital
Farmington, CT
Assistant Professor of Radiology
January 2000 - July 2001

Berkshire Medical Center
UMASS Medical Center
Pittsfield, MA
Staff Interventional Radiologist
Assistant Professor, UMASS Med. Ctr.
September 1998 - October 1999

EXPERIENCE

Quinnipiac University

•I was the Medical Director of the Radiologist Assistant Program, a Masters Program at Quinnipiac University. I developed the curriculum and submitted it to the State of Connecticut for accreditation. My duties included teaching as well as establishing and coordinating clinical training programs with hospitals and other radiology practices in Connecticut and the surrounding states. The Program accepted its first students in the Summer of 2008.

Caritas Holy Family Hospital
VA Medical Center - Providence
VA Medical Center - Dartmouth University Hospital
Fallon Clinic
Wing Memorial Hospital - UMASS Medical Center
Staff/Contract Radiologist:

•From July of 2001 to the present time, I have successfully managed my own business, contracting to a variety of hospitals and out-patient imaging centers, providing both in-house services and remote teleradiology services.

•Along with being Fellowship trained in Interventional Radiology, I received special training in MRA and MRI (msk, body and neuro) and I am skilled in all areas of radiology, including Ultrasound, Cat Scan, Nuclear Medicine and PET.

•I have taught medical students, radiology residents, technology students, technologists, and medical staff.

University of Connecticut:
Director of MRI
Assistant Professor of Radiology:

•Developed and instituted MRA/MRV, emphasizing body and peripheral MRA, resulting in increased efficiency and improved services.

•Implemented body MRI techniques.

•Upgraded protocols for all of MRI resulting in increased cases per day and decreased patient turn around time.

•Implemented QA program, significantly reducing patient call back.

Assistant Director of Interventional Radiology:

•Created QA program.

•Taught medical staff, residents, nurses and technologists.

•Performed numerous lectures for radiology residents.

Berkshire Medical Center
UMASS Medical Center
Assistant Professor of Radiology:

•Expanded interventional service by starting Venous Access Service (PICC lines, chest and arm ports, tunneled central lines), placement of IVC filters, percutaneous gastrostomy, embolization, arterial and venous thrombolysis, stent placement.

POST GRADUATE TRAINING

RUSH University Hospital, Chicago
Neuroradiology Mini Fellowship
February 2000

Emory University Hospital, Atlanta
Interventional Fellowship including MRI
1997-1998

Columbia University College of P & S
St. Luke's-Roosevelt Hospital, New York, N.Y.
Diagnostic Radiology Residency
1995-1997

Medical College of Pennsylvania
Allegheny Campus, Pittsburgh, PA
Diagnostic Radiology Residency
1993-1995

EDUCATION

Health Science Center at Brooklyn
State University of New York,
Brooklyn, New York
M.D., 1993

Boston University
Boston, Massachusetts
Masters Program, Biology, 1989

University at Albany
State University of New York
Albany, N.Y.
B.S. Biology/B.A. Psychology, 1985

HONORS

Surgery, Medicine Sub-Internship, Pediatrics,
Summa Cum Laude, Boston University
Dean's List, University of Albany

UNIVERSITY AFFILIATIONS *Present and Past*

Quinnipiac University
University of Connecticut
Brown University
UMass Medical Center
Columbia University
Emory University
Dartmouth

CERTIFICATION/MEDICAL LICENSURE

Board Certified: American Board of Radiology
Licenses: Connecticut, Massachusetts, and Georgia

MEMBERSHIPS

American College of Radiology
Society of Cardiovascular & Interventional Radiology
Connecticut State Medical Society

INAM U. KURESHI, M.D.

Neurosurgeons of Central Connecticut, P.C.
100 Retreat Ave., Suite 705
Hartford, CT 06106
Phone: 860-278-0070
FAX: 860-522-6081
E-mail: ikureshi1@cox.net

PROFESSIONAL ORGANIZATIONS & APPOINTMENTS

Hartford Hospital Appointments
Chairman, Department of Neurosurgery
Director, Head Injury Program
Vascular Neurosurgeon, Stroke Center

Clinical Associate, University of Connecticut
Division of Neurosurgery
Farmington, CT

Connecticut Neurosurgical Society, Secretary/Treasurer

New England Neurosurgical Society, Board Member

Congress of Neurological Surgeons, Member

Connecticut Cerebrovascular Conference 2004, Director

EDUCATION

University of California **July 1999 to June 2000**

Neurovascular Surgery Fellowship
Division of Neurosurgery
Los Angeles, CA

University of Connecticut Health Center **July 1993 to June 1999**

Neurological Surgery Residency ***July 1994 to June 1999***
Department of Neurosurgery
Hartford, CT

General Surgery Internship ***July 1993 to June 1994***
Department of Surgery
Farmington, CT

University of Texas Health Science Center

Medical Degree **May 1993**
San Antonio, TX

Houston Baptist University

Bachelor of Science **May 1989**
Houston, TX

PUBLICATIONS

Martin NA, **Kureshi IU**, Coiteiro, D. Bypass Techniques for the Treatment of Intracranial Aneurysms. **Youman's Neurological Surgery,** 5th Ed., 2003

Kureshi IU, Ho SY, Onyiuke HC, Wakefield AE, Kureshi IU, D'Arrigo JS, Simon RH. The affinity of lipid-coated microbubbles to maturing spinal cord injury sites. **Neurosurgery**. 1999 May;44(5):1047-53.

Khan SH, **Kureshi IU**, Mulgrew T, Ho SY, Onyiuke HC. Comparison of Percutaneous Ventriculostomies and Intraparenchymal Monitor: A Retrospective Evaluation of 156 patients. **Acta Neurochirurgica - Supplementum**. 71:50-2, 1998.

Song JK, Vinuela F, Gobin YP, Duckwiler GR, Murayama Y, Kureshi I, Frazee JG, Martin NA. Surgical and endovascular treatment of spinal dural arteriovenous fistulas: long-term disability assessment and prognostic factors. **J Neurosurgery**. 2001 Apr;94(2 Suppl):199-204

Martin NA, **Kureshi IU**, Coiteiro D. Bypass Techniques for the Treatment of Intracranial Aneurysms. **Operative Techniques in Neurosurgery.** 2000 Dec. 3(4):255-270

POSTERS & PRESENTATIONS

The Affinity of Lipid-Coated Microbubbles to Maturing Spinal Cord Injury Sites as oral presentation at the AANS/CNS Spine and Peripheral Nerve Section Meeting, February 1999

The Effects of Lipid Coated Microbubbles as a delivery vehicle for 7B-Hydoxycholesterol in Compressive Spinal Cord Injury as poster presentation at AANS Annual Meeting, April 1998 and at CNS Annual Meeting, September 1998

Comparison of Percutaneous Ventriculostomy and Intraparenchymal Monitor: A Retrospective Evaluation of 156 Patients as poster presentation at 10th International Symposium on Intracranial Pressure and Neuromonitoring, May 1997

Neurology/Neurosurgery/Neuroradiology Grand Rounds

Calcium Pyrophosphate Dihidrate Deposition Disease as a cause of Cervical Myelopathy, December 1996

Radiological Evaluation and Clinical Outcome of Nonaneurysmal Subarachnoid Hemorrhage, October 1995

Neuropsychological Sequelae of Post-Concussion Syndrome and its Economic Impact, April 1995

Curriculum Vitae
Andrew E. Wakefield, M.D.

Office Address: 360 Bloomfield Ave.; Ste. 209
Windsor, CT 06095
Tel. (860) 688-1311
Fax (860) 687-1319

Home Address: 3377 Phelps Road
West Suffield, CT 06093

Work History

10/04 – Pres.	Connecticut Neurosurgery & Spine Assoc., LLC 360 Bloomfield Avenue; Suite 209, Windsor, CT 06095
2/2001 – 09/04	Neurosurgeons of Central Connecticut, P.C. 100 Retreat Avenue; Suite 705, Hartford, CT 06106
07/99 – 12/99	UCONN Health Center – Assist. Clinical Prof. Dept. of Surgery; Division of Neurosurgery

Education

1988 – 92	**M.D.** University of Connecticut School of Medicine; Medicine
1985 – 88	M.S. University of Connecticut; Pathology/Immunology
1982 – 85	B.S. University of Connecticut; Pathobiology

Post Graduate Training & Fellowship Appointments

2000 – 01	**Fellow** in Neurosurgery; Spine, Cleveland Clinic Foundation Cleveland, OH 44197
1993 – 99	**Resident** in Neurosurgery, University of Connecticut School of Medicine Hartford Hospital, Hartford, CT 06106
1992 – 93	**Intern** in General Surgery, University of Connecticut School of Medicine Hartford Hospital, Hartford, CT 06106

Licensure

1992 Connecticut # 037617

Board Certification

2005 Diplomate, The American Board of Neurological Surgery # 25048

Academic Appointments

05/05 – Pres.	**Assistant Clinical Professor,** Dept. of Surgery, University of Connecticut
7/1999 –6/00	School of Medicine (leave of absence 1/00 –06/00)

Awards, Citations

Medical School:
Samuel H. Cohen, M.D. Memorial Scholarship
Lyman Stowe Award

Undergraduate:
Sigma Xi Student Research Grant
Honor Scholar
Cum Laude Graduate

Hospital Appointments:

Hartford Hospital, Active Senior Staff
Connecticut Children's Medical Center, Associate Attending Staff
Hospital for Special Care; Courtsey Staff
John Dempsey Hospital; UCONN Health Center, Affiliated Staff
New Britain General Hospital; Courtesy Staff

Associations & Memberships

American Association of Neurological Surgeons
American Medical Association
Connecticut State Medical Society
New England Neurosurgical Society
Connecticut State Neurosurgical Society
Hartford County Medical Association

Publications:

Simon, R.H., Ho, S.Y., Wakefield, A.E., D'Arrigo, J.S.:Lipid-Coated Ultrastable Microbubbles as a Contrast Agent in Neurosonography. Investigative Radiology, 25(12): 1300-1304, December 1990

Ho, S.Y., Simon, R.H., Li, X.G., Wakefield, A.E., D'Arrigo, J.S.:The affinity of Lipid-Coated Microbubbles for maturing Brain Injury Sites. Brain Research bulletin 43(6): 2337, 1997.

Wakefield, A.E., Ho, S.Y., Li, X.G., D'Arrigo, J.S., Simon, R.H.: The use of Lipid-Coated Microbubbles as a delivery agent of 7β-Hydroxycholesterol in a radiofrequency lesion in the rat brain. Neurosurgery, 42(3): 592-598, 1998

Kureshi, I.U., Ho, S.Y., Onyiuke, H.C., Wakefield, A.E., Kureshi, I.U., D'Arrigo, J.S., Simon, R.H.: The affinityof Lipid-Coated Microbubbles to maturing spinal cord injury sites. Neurosurgery, 44(5): 1047-1053, 1999

Abstracts/Presentations

The affinity of Lipid-Coated Microbubbles to maturing spinal cord injury sites.
Presentation 15th Annual Meeting of AANS and CNS Section on Disorders of the Spine and Peripheral Nerves February 1999
Wakefield, A.E., Kureshi, I.U., Ho, S. Y., Onyiuke, H.C., Kureshi, I.U., D'Arrigo, J.S., Simon, R.H.

The Effects of Lipid Coated Microbubbles as a Delivery Vehicle for 7β-Hydroxycholesterol in Compressive Spinal Cord Injury.
AANS Annual Meeting, April 1998
Kureshi, I.U., Ho, S.Y., **Wakefield, A.E.,** Schmidt, S., Simon, R.H.

Assement of the affinity of Lipid-Coated Microbubbles for spinal cord injury sites in rats.
Presentation 4th International Neurotrauma Symposium, Seoul Korea, August 23-28, 1997
Wakefield, A.E., Onyiuke, H.C., Li, X.G., Ho, S.Y., Simon, R.H.

Lipid-Coated Microbubbles as a vehicle to deliver 7β-Hydroxycholesterol, an inhibitor of post traumatic astrogliosis in rats.
Poster Presentation at the Annual Meeting American Association of Neurological Surgeons, Denver, CO, April 12-17 1997
Simon, R.H., Li, X G., **Wakefield, A.E.,** D'Arrigo, J.S., Ho, S.Y.

Is bony thoracic spine injury an indicator for aortography in patients with blunt chest trauma?
Presentation at the New England Neurosurgical Society, Winter Meeting, Woodstock, VT, February 25, 1994
Wakefield, A.E., Kahn, A., Wagle, V., Palter, M.D., Hart, C.M., Jacobs, L.

A quantitation assessment of tumor enhancement by ultastable Lipid-Coated Mocrobubbles as a contrast agent.
Presentation at the joint meeting of the Society of British Neurosurgical Surgeons and the New England Neurosurgical Society, London, England, September 19, 1991.
Simon, R.H., D'Arrigo, J.S., Ho, S.Y., **Wakefield, A.E.,** Perkins, C.R.

Lipid-Coated, Uniform microbubbles for earlier ultrasonic detection of brain tumors, American Chemistry Society, Boston, MA April 1990
D'Arrigo, J.S., Ho, S.Y., **Wakefield, A.E.,** Quatrocelli, A.D., Simon, R.H.

Research

To quantitatively assess the biomechanical performance of augmented pedicle screws with Cortosis™ Injectable
Principle Investigator: **Andrew E. Wakefield,** M.D. Co-Investigators: Edward Benzel, M.D., Lisa Ferrara, M.S., Robert McLain, M.D., Jorge Listra, M.D.

Utilizing Lipid-coated Microbubbles as a delivery Vehicle for 7-Beta-Hydroxycholesterol as an Inhibitor of Post Traumatic Astrogliosis in Rat Spinal Cord Injuries.
Principle Investigator: Hilary C. Onyiuke, M.D. Co-Investigators: **Andrew E. Wakefield, M.D.,** Richard H.Simon, M.D., Shih Yieh Ho, PhD, Inam Kureshi, M.D.

The Affects of Lipid-Coated Microbubbles as a delivery vehicle for Taxol in compressive spinal cord injury.
Principle Investigator: Inam Kureshi, M.D., Co-Investigators: **Andrew E. Wakefiled,** M.D., Hilary C. Onyiuke, M.D., Shih Yieh Ho, PhD, Richard H. Simon, M.D.

Pullout Strength of the DOC Cervical Expansion Screw
Principle Investigator: Edward Benzel, M.D. Co-Investigators: Lisa Ferrara, M.S., **Andrew E. Wakefield,** M.D., Mohsen Shahinpoor, PhD, Timothy Ryken, M.D., Nevan Baldwin, M.D.

Military

First Class Boatswain Mate
United States Coast Guard
1978 – 1984 Honorable Discharge

Areas of Service:
Executive Petty Officer, USCG Station Provincetown, MA
USCG Cutter Sherman, Oakland, CA
USCG Cutter Barque Eagle, New London, CT

Letters of Commendation:

December 2, 1981; From: Commander, Coast Guard Group Woods Hole. Subject: Search and Rescue of a motor vessel operated by personnel of the US Air Force in the waters off Cape Cod, MA.

August 14, 1980; From: Commander Coast Guard Group Woods Hole. Subject: Search and rescue of Motor Vessel Kittiwake.

July 6, 1980; From Commander, Coast Guard Group Woods Hole. Subject: Search and rescue of Sailing Vessel Family Talk floundering in heavy seas.

May 23, 1980; From: United States Department of the Interior National Park Service. Subject: Instruction of park service personnel in the proper use of Beach Cart Apparatus at the Old Harbor Life Saving Station Cape Cod, MA

CURRICULUM VITAE

JOSEPH AFERZON MD
Board Certified Neurological Surgeon
114 West Main St., Suite 101
New Britain, CT 06051
Office (860)832-4664

PERSONAL:

Born July 18, 1962 in Ukraine.
American citizenship
Male
Married, 3 children

EDUCATION:

School of Medicine and Bio-Medical Sciences, State University of New York ,Buffalo ,NY.: M.D.(1989).

Courant Institute of Mathematics, New York, NY.: M.S. in mathematics and computer applications to bio-medical research (1985).

New York University, New York, NY.: B.S. in Mathematics and Computer Science (1984).

TRAINING:

Neurological surgery resident, Hartford Hospital and University of Connecticut, Hartford, CT (July 1991 - 1996).

General Surgery Intern, University of Connecticut, Hartford, CT (July 1990 - July 1991).

Neuropathology Resident, SUNY Buffalo school of Medicine, Buffalo, NY (July 1989 - July 1990).

Research Fellow and Computer Specialist, Department of Pathology, 3-D Brain Computer Modeling, Buffalo General Hospital, Buffalo, NY (June 1987 - 1989).

Research Associate, Columbia Presbyterian Hospital and Columbia University School of Physicians and Surgeons. (June 1984 - August 1985).

Independent Computer Consultant, New York University, NY (January 1984 - August 1986).

Professor Assistant and Lecturer in Calculus, Advanced Calculus and Statistics, New York University, (September 1981 - January 1984).

POSITIONS/TITLES:

Chief, Division of Neurosurgery, New Britain General Hospital, 2004-Present.

Assistant Professor of Surgery, University of Connecticut School of Medicine 1996-Present.

Co-Director , Connecticut Spine Institute for Minimally Invasive Surgery

Lecturer for Neurosurgery Board Preparatory Course, AANS,2003

Consultant and Advisory Board Member , Zimmer Spine

Designated North-East United States Training Center of Excellence for Minimally Invasive Spinal Fusion, Abbott Spine.

Advisory Board Member and Consultant, US Spine.

Elected member of SOLAS (Society of Lateral Access Surgery)

MEMBERSHIPS: CNS, AANS, CT State Medical society, Hartford County Medical Association.

PATENTS: Anterior Intervertebral spinal fixation and fusion cage.

System and method for guiding surgical tools during surgical procedures.

Spinal support coupling device.

(US60/612,832, US60/613,331, US60/625,779, US60/544,686, US03/21972).

PRESENTATIONS:

Wagle V.G., Iantosca M., Hall A., Palter M.D., Aferzon J., Vallera A.: Catecholamines and transcranial doppler in TBI and Aneurysmal SAH, New England Neurosurgical Society, Woodstock, VT, February 24, 1994.

Aferzon, J., Wagle V.G.: Gliosarcoma. Hartford Hospital Experience. Congress of Neurological Surgeons, Vancouver, Canada, October 2-7, 1993.

Wagle V.G., Aferzon J.: CT versus MRI in cervical spine trauma: a prospective study. New England Neurosurgical Society, Boston, MA, June 4, 1993.

Aferzon J, Wagle V.G.: Gliosarcoma. New England Neurosurgical Society, Prouts Neck, ME, September 11, 1992.

Aferzon, J., and Cowan D.F.: Computerized image analysis. Presented at: The Second International Conference on Artificial Intelligence Systems (EXPERT SYSTEMS) as Diagnostic Consultants for the Cytologic and Histologic Diagnosis of Cancer in Chicago, Il (March 13-15, 1988).

Aferzon, J., and Cowan D.F.: Three dimensional object reconstruction. To be presented at: the National Meeting of American Society of Clinical Pathologists in Los Vegas, Nevada (October 24-26, 1988).

PUBLICATIONS:

Wagle V.G., Aferzon J., Nelson D.:"Kernohan's Notch: Appearance on MRI", NeuroNews, November 1992

Aferzon J., Chau, R.L., Cowan, D.F. "A Microcomputer-Based Algorithm for Digitized Image Simplification and Information Extraction." Anal. Quant. Cytol. Histol., July 1988.

Aferzon, J, Chau, R.L, Cowan, D.F. "3-D Reconstruction from Tomographic or Histologic Sections Using a Microcomputer." Am.J.Clin.Path., October 1988.

Aferzon, J, Wagle, V.J., Weiser, H.C. "Root Avulsion in Brachial Plexus Injury: A Case Report." In review. Connecticut Medicine.

NEUROSURGEONS OF CENTRAL CONNECTICUT, P.C.

INAM U. KURESHI M.D.
DAVID A. KVAM, M.D.
ARNOLD J. ROSSI, M.D.
PAUL J. SCHWARTZ, MD
KIRSTEN MARKOWITZ, APRN
D. DAWSON SCOTT, PA-C
LARA KOSKY, PA-C

100 RETREAT AVENUE
HARTFORD CT, 06106-2565

399 FARMINGTON AVE.
FARMINGTON, CT 06032
APPT. LINE 860-278-0070

September 29, 2008

OHCA
410 Capitol Ave, MS#13HCA
P.O. Box 340308
Hartford, CT 06314-0308

To Whom It May Concern:

My name is Inam Kureshi and I am a practicing neurosurgeon in the Hartford area. I am one of four partners in Capitol Upright MRI, LLC. I am writing this letter of support of the CON application. Currently, high quality MRI with special imaging techniques that is required for my patients is only available in New Haven and not in the Hartford area. The Fonar Upright MRI is a medium-field strength magnet that brings state of the art imaging for my patients that not even other high field strength magnets can obtain.

I will outline the unique technological advantages that an upright MRI scanner brings to my patients:

1. Functions as an "open" unit that can accommodate obese patients up to 500lb and most claustrophobic patients without sedation and/or anesthesia.
2. No loss in quality of imaging despite being an "open field" magnet.
3. Ability to image children on the laps of their parents and without isolation and/or anesthesia
4. Imaging in weight-bearing positions to evaluate pathology that could be missed on traditional non-weight-bearing positions as in conventional MRI's
5. Medium field strength significantly reduces "artifact" due to implanted hardware that is often seen and performed in my practice. Traditionally, only a CT scan can be done to evaluate the spine following hardware implantation, but this is limited to bony anatomy and therefore cannot evaluate the soft tissues. This new Fonar upright technology allows us to see the soft tissues even after hardware implantation

6. Allows "flexion and extension" dynamic views that can reveal pathology normally not seen on conventional static imaging
7. Allows "lateral bending" dynamic views that is critical for imaging the scoliotic spine

In summary, I strongly believe that a Fonar Upright MRI system brings a very special and unique imaging modality to my patients that cannot be achieved by any other MRI service as it currently exists in the Hartford area. I refer in excess of 50 patients a month for an MRI that requires this technology and several of them have no insurance and are low or zero income. Currently, I cannot send my uninsured patients to any MRI scanner without them paying a cost-prohibitive out-of-pocket expense. With this new MRI scanner, I would be able to scan my patients who are in need of financial assistance to be imaged without charge in order to obtain accurate diagnosis and treatment plan. Please accept this letter in support of our CON application. If you have any questions or comments, please don't hesitate to contact me.

Sincerely

Inam Kureshi, MD

October 13, 2008

Center for Advanced Neuro and Spine Surgery
114 West Main Street, Suite 101
New Britain, CT 06051

OHCA
410 Capitol Ave, MS#13HCA
P.O. Box 340308
Hartford, CT 06314-0308

To Whom It May Concern:

My name is Joseph Aferzon and I have practiced Neurosurgery in Hartford area for 12 years. My patients are unable to benefit from imaging technology that offers unique advantages in evaluating spinal disorders. This has prompted my participation with Capitol Upright MRI, LLC to bring FONAR Upright MRI to Hartford area.

Currently available units seek to image the broad range of disorders and fail to deliver the best available imaging data so important in correct diagnosis and treatment of spinal diseases. For example: high field MRI is good for Brain and Cardiac imaging but due to metal artifact is less than optimal for patients who have metal hardware in their spine. Bigger is not necessarily better. This specific need of my patients has slipped under the radar and there is no Upright MRI available in Greater Hartford area despite multiple open and closed units trying to image everything for everybody.

Following are some of the advantages offered by Upright MRI.

1. Patients are scanned in a weight bearing position as opposed to non weight bearing (supine) position of regular MRI. This is particularly relevant to painful conditions affecting soft spinal structures which deform with loads (s.a. spinal disk).
2. Patient can go through flexion (bending forward) and extension (bending backwards) studies to document instability (abnormal movement), diagnose pseudoarthrosis (unsuccessful bone fusion) or appreciate degree of nerve impingement in spinal stenosis or foraminal stenosis.
3. This is the best MRI currently available for claustrophobic patients and particularly obese claustrophobic patients. I have had a number of patients who underwent open MRI with very poor anatomical definition and I was able to make appropriate diagnosis only after Upright study.
4. This technology offers unique advantages in scoliosis imaging. It can show dynamic properties of the scoliotic curve in lateral bending. It is also becoming a unique tool in screening and following pediatric patients with scoliosis. It offers precise three dimensional data preferable to regular X-Ray and saves our young patients from significant radiation exposure caused by numerous follow-up X-Rays.
5. Lower field magnet creates less metal artifact, as well as superior contrast, as compared to the higher field strength magnets. These are by far the best post-instrumentation studies that I have seen.

I currently refer, on average, three patients a day for MRI imaging. These patients would benefit from being imaged in the way that only an upright MRI can do. Additionally, I am unable to obtain MRI imaging on my low income/uninsured patients. I would be able to obtain this service for my patients which I already see on a pro-bono basis.

Healthcare providers caring for patients with spinal disorders are missing an important tool which can improve diagnosis and treatment of these conditions. As a neurosurgeon, I am in a unique position to recognize this need and hopefully can be effective in bringing this technology to my patients who stand to benefit from it. Please accept this letter in support of CON.

Very truly yours,

Joseph Aferzon MD

Yvette D. Bailey, MD
58 High Gate Dr.
Avon, CT 06001

October 1, 2008

State of Connecticut
Office of Health Care Access
410 Capitol Avenue, MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Attn: Commissioner Christine A. Vogel

Dear Commissioner Vogel:

I am writing this letter in support of the Certificate of Need application for Capitol Upright MRI, LLC. I am a Board Certified Radiologist. Previously, I have enjoyed working in academia and I am currently in private practice. I am fellowship trained in Interventional Radiology with an additional mini-fellowship training in MRI. I am also one of the Partners in Capitol Upright MRI, LLC.

Capitol Upright MRI, LLC is comprised of 4 partners; I being the only Radiologist. As such, I wish to convey to you why I have decided to participate in this venture to bring upright MRI imaging to central Connecticut.

About two years ago, my colleagues and I thought that we were seeing an increase in the number of failed back syndrome. No scientific study was performed. Our assessment was based solely on the increased number of patients receiving MRIs after surgery with complaints of residual or recurrent back pain, as well as the increase in the number of MRIs individual patients were receiving. A few months later, I was involved in a similar conversation with a neurosurgeon, who would later become one of my partners in Capitol Upright MRI. He expressed his need for better MRI imaging for his patients, specifically flexion and extension to assess movement, and we discussed the advantages of the Fonar Upright MRI versus traditional imaging. I was not very familiar with the Fonar Upright MRI, and was not convinced that any mid-field open magnet could offer image quality that would be advantageous over the 1.5 tesla magnets currently dominating the industry.

Over the next year, I continued to explore the idea of an Upright MRI, and met with two other neurosurgeons who would ultimately also become my partners in this venture.

Last September, I visited the Fonar facility in Melville, New York. I brought several people with me who offered themselves as test subjects. One test subject was a

45 year old male who had previous cervical spinal fusion at C4-C5 and C5-C6 at Fletcher Allen Hospital in Vermont. He was experiencing recurrent neck pain, numbness and loss of strength bilaterally, greater on the left side. MRI of the brain was negative. I reviewed his recent MRI which was performed at a reputable New York City imaging center on a 1.5 tesla magnet. Since he had titanium hardware as part of his fusion, the area of the fusion from C4 to C6 was poorly visualized due to artifact and also, stenosis of the cord was suggested. The adjacent discs, which were clinically suspected of causing the new symptoms, were also not well visualized and the findings were equivocal. The patient's neurosurgeon, based on the report of the MRI and clinical diagnosis, suggested additional spinal fusion of C3-4 and the patient was already scheduled for surgery.

One week prior to surgery the patient obtained the new study on a Fonar Upright MRI. I personally observed the study as it was being performed and gave the patient a preliminary reading which he relayed to his surgeon. The final report was officially performed by an independent board certified neuroradiologist. His official reading was similar to my own and based on these new results the surgeon decided that operating at C3-4 was not indicated for this patient. There was no stenosis of the cord but there was previously unseen pathology newly reported at C2-3 and C3-4. The area of previous fusion showed significantly improved visualization over the 1.5 tesla machine, in fact, even the titanium plates and screws themselves were well visualized. Most radiologists reading MRI are not accustomed to seeing the hardware or adjacent discs with any clarity on MRI . The adjacent discs were well visualized, and findings were unequivocal.

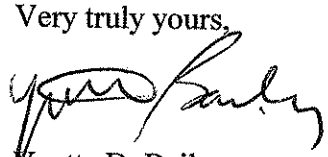
The upright weighted positioning of the patient during the exam and the excellent visualization of the cervical spine gave a clearer diagnosis compared with the images previously obtained. This patient was spared an unnecessary high risk surgery and his neurosurgeon prescribed physical therapy. Ten months later, the patient has shown significant improvement with resolution of pain and numbness, and near complete return of his strength.

During my 15 year career, I have been active at the institutions where I have worked in reducing radiation exposure from Cat Scans and x-rays by modifying the way the studies are performed. One group of individuals who receive unusually high doses of radiation is scoliotic children. Typically these kids receive 3 to 4 x-ray examinations per year. The high radiation exposure and the association with radiation induced cancer later in life is well documented, even with the newest protocols intended to reduce radiation exposure. The Fonar Upright MRI with its specific scoliosis coil and package serves as a clinically significant method for evaluation of scoliosis with the elimination of the radiation exposure altogether. Fonar has been working on these exam protocols with great academic institutions such as UCLA and has been able to perform these studies within approximately 10 minutes at a cost comparable to an x-ray series. This is an exciting advancement for an important group of patients. I have already begun working with pediatricians and physical therapists in anticipation of being able to offer this modality to their patients. I have already received very positive feedback. Currently, I am working with the only scoliosis physical therapy clinic in Connecticut.

Gravity dependent imaging of the brain; cervical, thoracic and lumbar spine with flexion and extension; large joints (especially the knee), and pelvic floor exams (specifically for uterine or rectal prolapse) can now be performed real time with a diagnosis based on the normally upright position. Claustrophobic and over weight patients also derive a great benefit, with the Fonar being the most "open" of any MRI.

The examples set forth above are among several reasons that I believe a Fonar Upright MRI will be an enormous benefit for the patients in central Connecticut, and I pray that the OHCA will take this into consideration in the determination of our request for a Certificate of Need.

Very truly yours,



Yvette D. Bailey

Law Offices of
Kenneth D. Romer
58 High Gate Drive
Avon, CT 06001-4111

E-Mail Address:
mcraeromer@juno.com

Tel:(860)673-9200
Fax:(860)673-8899

November 3, 2008

State of Connecticut
Office of Health Care Access
410 Capitol Avenue, MS# 13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

Re: CON Letter of Intent
Capitol Upright MRI, LLC
Docket Number 08-31255-LOI

Attention: Mr. Steven Lazarus

Dear Mr. Lazarus:

As per our conversation, please designate Dr. Yvette Bailey as the primary contact person for Capitol Upright MRI, LLC, and copy all communications to me. The address for Dr. Bailey is also 58 High Gate Dr., Avon, CT 06001.

Thank you for the courtesy call.

Very truly yours,

Kenneth D. Romer

Greer, Leslie

From: HC Public Notice [HCPublicNotice@courant.com]
Sent: Wednesday, November 19, 2008 1:57 PM
To: Greer, Leslie
Subject: RE: Legal Ad 08-31255

Leslie,
This notice is all set for tomorrow, 11/20 for a total of $145.56. Ad# 2249433

NOTICE

Statute Reference: 19a-639
Applicant: Capitol Upright MRI, LLC
Town: Farmington
Docket Number: 08-31255-LOI
Proposal: Acquisition of a Fonar Upright MRI to be located in Farmington
Capital Expenditure: $1,828,000

The Applicant may file its Certificate of Need application between January 6, 2009 and March 7, 2009. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

From: Greer, Leslie [mailto:Leslie.Greer@ct.gov]
Sent: Tuesday, November 18, 2008 3:38 PM
To: publicnotices@courant.com

Subject: Legal Ad 08-31255

Legal Ad,
Please run the attached public notice in your newspaper no later than November 22, 2008. Please notify me that you have received this request.

Thank you,

Leslie M. Greer
Office of Health Care Access
State of Connecticut
410 Capitol Avenue
Hartford, CT 06134
Phone: (860) 418-7001
Fax: (860) 418-7053
Website: www.ct.gov/ohca

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

November 18, 2008

Yvette Bailey, M.D.
Capitol Upright MRI, LLC
58 High Gate Drive
Avon, CT 06001-4111

Re: Letter of Intent, Docket Number 08-31255
Capitol Upright MRI, LLC
Acquisition of a Fonar Upright MRI to be Located in Farmington
Notice of Letter of Intent

Dear Dr. Bailey:

On November 6, 2008, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Capitol Upright MRI, LLC ("Applicant") for the acquisition of a Fonar Upright MRI to be located in Farmington, at a total capital expenditure of $1,828,000.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Hartford Courant* pursuant to Section 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Barbara Durdy
Director of Operations

BD:lmg

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

November 18, 2008

Requisition # HCA09-064
Email: Publicnotices@courant.com

Hartford Courant
285 Broad Street
Hartford, CT 06115

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Saturday, November 22, 2008.**

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Steven Lazarus at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Barbara Durdy
Director of Operations

Attachment

BD:SWL:lmg

c: Sandy Salus, OHCA

Hartford Courant
Docket Number 08-31255

Letter of Intent
November 18, 2008

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Capitol Upright MRI, LLC
Town:	Farmington
Docket Number:	08-31255-LOI
Proposal:	Acquisition of a Fonar Upright MRI to be located in Farmington
Capital Expenditure:	$1,828,000

The Applicant may file its Certificate of Need application between January 6, 2009 and March 7, 2009. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

Greer, Leslie

Sent: Tuesday, November 18, 2008 10:41 AM

----IMA1c4284d.4923/pop.state.ct.us
Content-Type: text/plain; charset=us-ascii

Your message was successfully relayed to a system that does not support delivery confirmations.
Unless the delivery fails, this will be the only delivery notification.

----IMA1c4284d.4923/pop.state.ct.us
Content-Type: message/delivery-status

Reporting-MTA: pop.state.ct.us
Final-Recipient: rfc8222;publicnotices@courant.com
Action: relayed
Status: 2.0.0

----IMA1c4284d.4923/pop.state.ct.us
Content-Type: message/rfc822

Received: from doit-mstwmms1 [159.247.5.80] by pop.state.ct.us with ESMTP
(SMTPD-9.23) id A84B06B0; Tue, 18 Nov 2008 15:40:43 -0500
Received: from 159.247.77.54 by doit-mstwmms1 with ESMTP (Tumbleweed EMF SMTP Relay (Email Firewall v6.0.0)); Tue, 18 Nov 2008 15:47:34 -0500
X-Server-Uuid: AAF81055-C3E5-43F1-82D3-EBCFC44FF42A
X-MimeOLE: Produced By Microsoft Exchange V6.5
Content-class: urn:content-classes:message
Return-Receipt-To: "Greer, Leslie" <Leslie.Greer@ct.gov>
MIME-Version: 1.0
Disposition-Notification-To: "Greer, Leslie" <Leslie.Greer@ct.gov>
Subject: Legal Ad 08-31255
Date: Tue, 18 Nov 2008 15:38:21 -0500
Message-ID: <741BDEFB9A5C9A4F9421A255626F70B101B7D9CD@DOIT-EX401.exec.ds.state.ct.us>
X-MS-Has-Attach: yes
X-MS-TNEF-Correlator:
Thread-Topic: Legal Ad 08-31255
Thread-Index: AclJvZhgEPikDHNqSR+l/F88NubYhQ==
From: "Greer, Leslie" <Leslie.Greer@ct.gov>
To: publicnotices@courant.com
X-WSS-ID: 653DF66C30S964466-01-01
Content-Type: multipart/mixed;
boundary="----_=_NextPart_001_01C949BD.9887433C"

----IMA1c4284d.4923/pop.state.ct.us--

COVER PAGE

-To Fax No: (860)418-7053

-Attn: Mr. Steven Lazarus

-From: Kenneth Romer, Esq.

Telephone (860)673-9200
Fax (860)673-8899

-DATE: 11/3/08

-Re: Capitol Upright MRI, LLC

-# of Pages: 2 including cover

-Comment:

Letter following, hard copy in the mail. Thank you.

Law Offices of
Kenneth D. Romer
58 High Gate Drive
Avon, CT 06001-4111

E-Mail Address:
mcraeromer@juno.com

Tel:(860)673-9200
Fax:(860)673-8899

November 3, 2008

State of Connecticut
Office of Health Care Access
410 Capitol Avenue, MS# 13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

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Capitol Upright MRI, LLC
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Dear Mr. Lazarus:

As per our conversation, please designate Dr. Yvette Bailey as the primary contact person for Capitol Upright MRI, LLC, and copy all communications to me. The address for Dr. Bailey is also 58 High Gate Dr., Avon, CT 06001.

Thank you for the courtesy call.

Very truly yours,

Kenneth D. Romer