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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A.
Account Number : 073707002173
Phone : (954)966-2112
Fax Number : (954)981-1605

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: abugnore@totalmedicalimaging.com

RECEIVED

14 OCT 21 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA/FOREIGN LP/LLLP
Medical Imaging Management of South Florida, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 21 AM 8:15

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Imaging Management of South Florida, LLLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Mitchell F. Green

Contact Person

Kramer, Green, Zuckerman, Greene & Buchsbaum, P.A.

Firm/Company

4000 Hollywood Boulevard, Suite 485-South

Address

Hollywood, Florida 33021

City, State and Zip Code

abugnone@totalmedicalimaging.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell F. Green

Name of Contact Person

at (954) 966-2112

Area Code and Daytime Telephone Number

~~Enclosed is a check for the following amount:~~

\$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

\$1,008.75 Filing Fees
and Certificate of
Status

\$1,052.50 Filing Fees
and Certified Copy

\$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Medical Imaging Management of South Florida, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 1434 Commodore Way

(Street address of initial designated office)

Hollywood, FL 33019

3. Mitchell F. Green

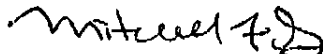
(Name of Registered Agent for Service of Process)

4. 4000 Hollywood Boulevard, Suite 485-South

(Florida street address for Registered Agent)

Hollywood, Florida 33021

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Signature of Registered Agent

6. 1434 Commodore Way

(Mailing address of initial designated office)

Hollywood, Florida 33019

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

Name:

Business Address:

Alejandro Bugnone

1434 Commodore Way

Hollywood, Florida 33019

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TALLAHASSEE, FLORIDA

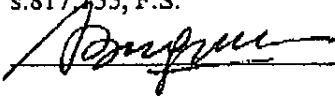
FILED

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 13 day of OCTOBER, 2014.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



ALEJANDRO BUGNONE

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75