L04000043621

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000122643 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941)485-1571
Fax Number : (941)484-7226

RECEIVED
04 JUN -9 PM 12:58
DIVISION OF CORPORATION

FILED
04 JUN -9 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Axcess Diagnostics Pointe West, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Public Access Help

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AXCESS DIAGNOSTICS POINTE WEST, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address	Street Address
PO Box 447	842 Sunset Lake Blvd., Ste. 301
Venice, FL 34284	Venice, FL 34292

ARTICLE III - Registered Agent, Registered Office, & Registered Agents's Signature:

The name and street address of the registered agent are:

Stephen M. Miley, M.D.
842 Sunset Lake Blvd., Ste. 301
Venice, FL 34292

FILED
04 JUN -9 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, F.S.

Stephen M. Miley, M.D.

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

ARTICLE IV - Manager(s) or Managing Member(s):

Title:	**Name and Address:**
"MGR"=Manager "MGRM"=Managing Member	
MGR	Stephen M. Miley, M.D. 842 Sunset Lake Blvd., Ste. 301 Venice, FL 34292

REQUIRED SIGNATURE:

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen M. Miley, M.D.

Typed or Printed Name of Signee

FILED
04 JUN -9 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053