

B08 000000/08

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800129582708

05/16/08--01041--005 \*\*1000.00

FILED

2008 MAY 16 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAY 19 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Medical Imaging of Stuart, L.P.  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Bill McIntyre

(Contact Person)

(Firm/Company)

4207 SW High Meadow Ave.

(Address)

Palm City, FL 34990

(City, State and Zip Code)

For further information concerning this matter, please call:

Bill McIntyre

(Name of Contact Person)

at ( 772 ) 288-3000

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY 16 PM 1:35

FILED

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. Advanced Medical Imaging of Stuart, L.P.

(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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. February 13, 1996

(Date of Formation)

4. Mark Greenberg


(Name of Registered Agent for Service of Process)

5. 1596 SE Federal Hwy

(Florida street address for Registered Agent)

Stuart, FL 34994

6. 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

7. 1596 SE Federal Hwy

(Principal office address)

Stuart, FL 34994

8. If limited partnership is a limited liability limited partnership, check box ☐

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY 16 PM 1:35

FILED

9. 1596 SE Federal Hwy

(Mailing address)

Stuart, FL 34994

10. Name, principal office address, and mailing address of each general partner:

SEE ATTACHED LIST

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY 16 PM 1:35

FILED

**PARTNER NAME AND  
ADDRESS**

MG Imaging Corporation  
c/o Mark Greenberg, M.D.  
1596 SE Federal Hwy.  
Stuart, FL 34994  
65-0616628

*945-74162*

Mark Greenberg, M.D.  
5133 Isabella Dr.  
Palm Beach Gardens, FL 33468

Vincent Turiano, M.D.  
6989 Cypress Cove Circle  
Jupiter, FL 33458-3793

David Mullin, M.D., P.A.  
1210 S. Old Dixie Hwy.  
Jupiter, FL 33458  
59-2453810

*H241078*

Jupiter Imaging & Assoc., P.A.  
1210 S. Old Dixie Hwy.  
Jupiter, FL 33458  
65-0164050

*L42582*

Jonathan Shapir & Carolyn Shapir  
1565 N. Park Dr., #102  
Weston, FL 33326

Edward Atkins & Kathy Atkins  
126 Park Ave.  
Glencoe, IL 60022

Vijaya V. Chundi, M.D.  
580 SW Bay Pointe Circle  
Palm City, FL 34990

2008 MAY 16 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

11. Effective date, if other than the date of filing: \_\_\_\_\_

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

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY 16 PM 1:35

FILED

✓ Signed this 29 day of April, 20 08.

✓ Signature of a general partner:

*Mr. Gentry*

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

# Delaware

PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED MEDICAL IMAGING OF STUART, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MAY, A.D. 2008.

FILED

2008 MAY 16 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2592022 8300

080475957

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6578450

DATE: 05-08-08