

L00000000946

Innovative Medical Imaging LLC
Requester's Name

8903 Glades Rd., Ste 8
Address

Boca Raton, FL 33434
City/State/Zip Phone #

200003106892--5
-01/21/00--01095--008
****160.00 ****160.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

OTHER FILINGS

Updater ☐ Annual Report
Updater ☐ Fictitious Name
Verifier DCC
Acknowledgement DCC
W. P. Verifier DCC

008 JAN 21 PM 12:22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Examiner's Initials

L00000000946

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INNOVATIVE MEDICAL IMAGING TWO "LLC"

ARTICLE II - Address:

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

8903 GLADES ROAD - SUITE A-9
BOCA RATON FL. 33434

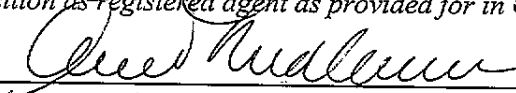
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ARNOLD E. NEEDLEMAN MD.
Name
8903 GLADES ROAD SUITE A9
Florida street address (P.O. Box NOT acceptable)
BOCA RATON FL. 33434
City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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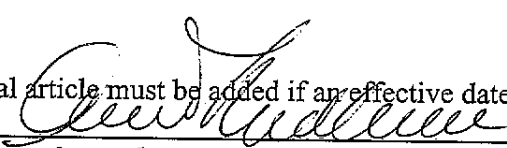
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

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

ARNOLD E. NEEDLEMAN MD.
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization ✓
- \$ 25.00 Designation of Registered Agent ✓
- \$ 30.00 Certified Copy (OPTIONAL) ✓
- \$ 5.00 Certificate of Status (OPTIONAL) ✓