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KELLY C. MEDER
(513) 357-9408
meder@taftlaw.com

July 24, 2000

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32314

Re: Articles of Organization

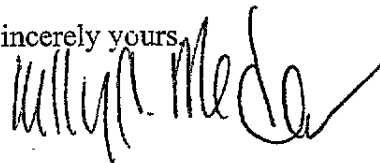
Dear Sir or Madam

Enclosed please find Articles of Organization for Regional Positron Emission Tomography, LLC which I request that file on my behalf. I have enclosed a check in the amount of \$100.00 to cover the filing fee. Please return a time-stamped copy to my attention in the enclosed, self-addressed, stamped envelope.

Thank you for your assistance. Should you have any questions, please feel free to contact my office.

Sincerely yours,

Kelly C. Meder



Name	
Availability	
Docu	KCM/
Exam	Enclosure
Update cc:	Christina E. Hassan, Esq.
Updater	
Verifier	
Acknowledgement	DCC
W. P. Verifier	DCC

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****100.00 ****100.00
800003340868--5
-08/15/00--01090--024
*****25.00 *****25.00

00 AUG 5 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. TAX _____
FILING 25.00
R. AGENT FEE _____
C. COPY _____
TOL _____
N. BANK _____
BALANCE DUE _____
REFUND _____



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 3, 2000

KELLY C. MEDER
TAFT STETTINIUS & HOLLISTER LLP
425 WALNUT STREET, 1800 FIRSTAR TOWER
CINCINNATI, OH 45202-3957

SUBJECT: REGIONAL POSITRON EMISSION TOMOGRAPHY, LLC
Ref. Number: W00000019289

We have received your document for REGIONAL POSITRON EMISSION TOMOGRAPHY, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 300A00042138

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Regional Positron Emission Tomography, LLC

ARTICLE II - Address:

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

3680 Broadway, Fort Myers, FL 33901

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

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

Howard M. Sheridan, M.D.

Name

3680 Broadway

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33901

City, State, and Zip

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.)

Howard M. Sheridan, M.D.

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)

FILED
DO AUG 15 AM 11:00
CLERK OF STATE
TALLAHASSEE, FLORIDA