

L010000002189

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.
Address

Tallahassee, FL 32301 850-222-2785
City/St/Zip Phone #

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

- 1- mid florida imaging centers, l. c.
- 2-
- 3-
- 4-

500003673265--4
-02/12/01--01003--003
****125.00 ****125.00

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APPROVED
AND
FILED
01 FEB -9 PM 3:42
RECEIVED
01 FEB -9 PM 3:54
DIVISION OF CORPORATION
STATE OF FLORIDA

Examiner's Initials SB
2-9-01

**ARTICLES OF ORGANIZATION
MID FLORIDA IMAGING CENTERS, L.C.
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is Mid Florida Imaging Centers,
L.C.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is Post Office Box 290628 Port Orange, FL 32129.

**ARTICLE III
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Kenneth Howe

1648 Promenade Circle
Port Orange, FL 32119

**ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: Terms and conditions to be determined by a majority vote of the managing members pursuant to the terms and conditions of the Operating Agreement.

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2004
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**ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Limited Liability Company shall have the right to continue business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminated the continued membership of a member in the Limited Liability Company.

Witnesses:

[Signature]
[Signature]

[Signature]
Kenneth Howe
Managing Member

STATE OF FLORIDA
COUNTY OF VOLUSIA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared KENNETH HOWE, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and that I relied upon the following form of identification of the above-named person: Kenneth Howe

WITNESS my hand and official seal in the County and State last aforesaid this 8th day of FEBRUARY, 2001.



[Signature]
Notary Public
My Commission Expires: 6/14/03

01 FEB - 9 PM 3:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE
MID FLORIDA IMAGING CENTERS, L.C.
A FLORIDA LIMITED LIABILITY COMPANY**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is Mid Florida Imaging Centers, L.C.
2. The name and address of the registered agent and office is:

Karen M. Frye
6081 Central Park Boulevard
Port Orange FL 32127

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.


KAREN M. FRYE

Date: 2/8/01

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA