

L 0 2 0 0 0 0 2 9 0 1 9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

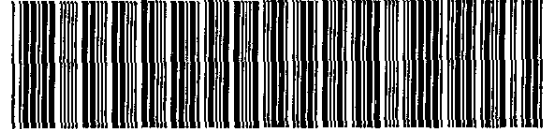
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Monterey Medical Diagnostic Center
1050 S.E. Monterey Road
Stuart, Florida 34994

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**ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
Name**

The name of the Limited Liability Company is: Monterey Medical Diagnostic Center, L.C.

**ARTICLE II
Address**

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

1050 S.E. Monterey Road
Stuart, Florida 34994

**ARTICLE III
Registered Agent, Registered Office & Registered Agent's Signature**

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

Roy Mildner
Blake, Torres and Mildner
423 Delaware Avenue
Fort Pierce, Florida 34948

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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 its 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.



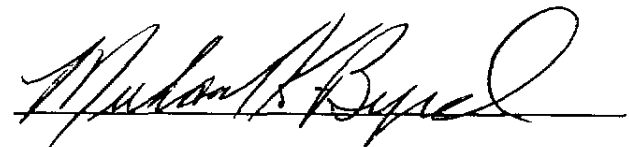
Roy Mildner, Registered Agent

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by one (1) manager or more managers and is, therefore, a manager-managed company.



Roy Milderer, Registered Agent



Member

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