

Division of Corporations

**L03000038619**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000293548 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : KANETSKY, MOORE & DEBOER, P.A.  
Account Number : 075350000267  
Phone : (941)485-1571  
Fax Number : (941)484-7226

RECEIVED  
03 OCT -9 PM 2:07  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Access Diagnostics Bradenton, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

03 OCT -9 PM 2:24  
APPROVE AND FILED  
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

*JB*  
*10-9-03*

H03000293548 3

ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AXCESS DIAGNOSTICS BRADENTON, LLC

ARTICLE II - Address

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

Mailing Address  
PO Box 447  
Venice, FL 34284

Street Address  
842 Sunset Lake Blvd., Ste. 301  
Venice, FL 34292

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

The name and street address of the registered agent are:

Stephen M. Miley, M.D.  
842 Sunset Lake Blvd., Ste. 301  
Venice, FL 34292

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.



Stephen M. Miley, M.D.


03 OCT -9 PM 2:24  
FILED  
STATE OF FLORIDA

This instrument prepared by:  
Erik R. Lieberman, Esq.  
P. O. Box 1767  
Venice, FL 34284-1767  
941-485-1571  
FL Bar #393053

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. The name of the manager who shall serve as the initial manager until his successors are elected and qualified in accordance with the operating agreement of this limited liability company is:

Stephen M. Miley, M.D.



\_\_\_\_\_  
Signature of a member or authorized representative of a member.

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

Stephen M. Miley, M.D.

Typed or Printed Name of Signee

FILED  
03 OCT -9 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This instrument prepared by:  
Erik R. Lieberman, Esq.  
P. O. Box 1767  
Venice, FL 34284-1767  
941-485-1571  
FL Bar #393053