

Division of Corporations

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

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LIMITED LIABILITY COMPANY

Access Diagnostics Bradenton, LLC

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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:

<u>Mailing Address</u>	<u>Street Address</u>
PO Box 447	842 Sunset Lake Blvd., Ste. 301
Venice, FL 34284	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.


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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

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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