

Division of Corporations

H041000003049

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LIMITED LIABILITY COMPANY

Access Diagnostics Bradenton, P.L.

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F-1304



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 8, 2004

KANETSKY, MOORE

SUBJECT: ACCESS DIAGNOSTICS ERADENTON, P.L.
REF: W04000001014

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ARTICLES OF ORGANIZATION
FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Professional Limited Liability Company is:

AXCESS DIAGNOSTICS BRADENTON, P.L.

ARTICLE II - Address

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

	<u>Mailing Address</u>	<u>Street Address</u>
	PO Box 447 Venice, FL 34284	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

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL 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.

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

H04000004930 3

ARTICLE IV - Manager(s) or Managing Member(s):

Title:

"MGR" = Manager

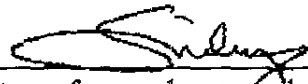
"MGRM" = Managing Member

Name and Address:

MGR

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

REQUIRED SIGNATURE:



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

PURPOSE:

The purpose of the P.L. is to engage in the practice of medicine.

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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