

**L04000041537**

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From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.  
Account Number : 076077000521  
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**LIMITED LIABILITY COMPANY**

**Plant City Diagnostic, LLC**

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Estimated Charge	\$160.00

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6/1/2004



FLORIDA DEPARTMENT OF STATE

Glenda H. Hood  
Secretary of State

June 2, 2004

RUDEN, MCCLOSKY

SUBJECT: PLANT CITY DIAGNOSTIC, LLC  
REF: W04000021133

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
OF  
PLANT CITY DIAGNOSTIC, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.** The name of the Limited Liability Company is PLANT CITY DIAGNOSTIC, LLC (the "Company").

2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing address for the Company is: c/o Bill Ulbricht, South Florida Baptist Hospital, Inc., 301 N. Alexander Street, Plant City, Florida, 33566.

3. **REGISTERED AGENT.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Bill Ulbricht, c/o South Florida Baptist Hospital, 301 N. Alexander Street, Plant City, Florida, 33566.

The undersigned has executed these Articles of Organization on the 29 day of May, 2004.

By: 

Bill Ulbricht, Authorized Representative

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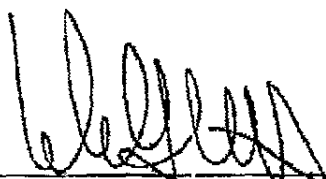
**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: PLANT CITY DIAGNOSTIC, LLC.
2. The name and address of the registered agent and office is:

Bill Ulbricht  
c/o South Florida Baptist Hospital  
301 N. Alexander Street  
Plant City, Florida 33566

*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.*

  
\_\_\_\_\_  
Bill Ulbricht, Registered Agent

5/24/04  
\_\_\_\_\_  
Date

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