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Florida Department of State  
Division of Corporations  
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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

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Access Diagnostics Pointe West, LLC**

Certificate of Status	0
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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 POINTE WEST, 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.

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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

JUN. 9. 2004 12:30PM

KANETSKYMOOREDEBOER

NO. 3065 P. 3  
H04000122643 3

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

**Title:**

"MGR" = Manager

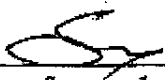
"MGRM" = Managing Member

MGR

**Name and Address:**

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

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TALLAHASSEE, FLORIDA

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Erik R. Lieberman, Esq.  
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Venice, FL 34284-1767  
941-485-1571  
FL Bar #3993053