

**L04000052440**

**FILED**

Florida Department of State  
Division of Corporations  
Public Access System

2004 JUL 14 A 11:25

**Electronic Filing Cover Sheet**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.**

((H04000145832 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 : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

RECEIVED  
04 JUL 14 PM 2:41  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**FLORIDA RADIOLOGY ASSOCIATES OF HERNANDO COUNTY, L.L**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

AL1

Electronic Filing Menu

Corporate Filing

Public Access Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

2009 JUL 14 A 11:25  
FLORIDA RADIOLOGY ASSOCIATES  
OF HERNANDO COUNTY, L.L.C.  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

3315 COMMERCIAL WAY  
SPRING HILL, FL 34606

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

The name and the Florida street address of the registered agent are:

London L. Bates

Name

1245 Court Street, Suite 102

Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33756

City, State, and Zip

*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.*



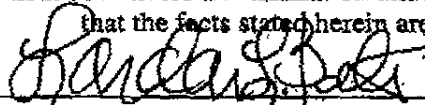
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)



LONDON L. BATES

ARTICLES OF ORGANIZATION OF FLORIDA RADIOLOGY ASSOCIATES OF HERNANDO COUNTY, L.L.C.

PAGE 1

London L. Bates, Esquire  
1245 Court Street Suite 102  
Clearwater, FL 33756  
(727) 442-1200  
Florida Bar #: 193356  
Audit Fax #: