

L05000003637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

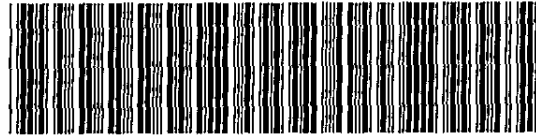
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800044388368

01/12/05--01038--016 \*\*155.00

RECEIVED  
05 JAN 12 PM 2:54  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2005 JAN 12 PM 4:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JAN 12 2005

# AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560  
Writer's Direct Line: (850) 425-5457

January 12, 2005

Secretary of State  
409 East Gaines Street  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **TN Imaging, LLC**

Dear Madam/Sir:

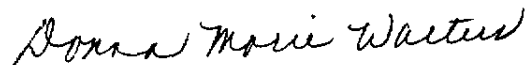
Enclosed are an original and one copy of the Articles of Organization for **TN Imaging, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company.

This firm's check in the amount of \$155.00 is enclosed, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee.

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters  
Legal Assistant

/dmw

Enclosures

ESWATNC\TN IMAGING\SOS ltr 01.12.05 TNI LLC  
001517.41268

FILED  
2005 JAN 12 PM 4:13  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
TN IMAGING, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is **TN Imaging, LLC.**

**ARTICLE 2.  
Address**

The street and mailing address of the place of business in Florida is:


1401 Centerville Road, Suite 300  
Tallahassee, FL 32308-4639

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

**J. True Martin, M.D.**  
1401 Centerville Road, Suite 300  
Tallahassee, FL 32308-4639

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.*

  
\_\_\_\_\_  
**J. True Martin, M.D., Registered Agent**

FILED  
2005 JAN 12 PM 4:18  
TALLAHASSEE, FLORIDA

**ARTICLE 4.  
Management**

The name and address of the Manager are as follows:

**Christopher S. Rumana, Manager**      1401 Centerville Road, Suite 300  
Tallahassee, FL 32308-4639

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization  
this 10<sup>th</sup> day of ~~December, 2004.~~  
*January, 2005.*

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE  
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER  
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

**Tallahassee Neurological Clinic, P.A.,**  
Member

By: 

Christopher S. Rumana, M.D.  
Its President

FILED  
2005 JAN 12 PM 4:18  
TALLAHASSEE, FLORIDA