

L05000089972

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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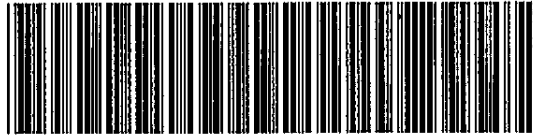
(Business Entity Name)

(Document Number)

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**GRAY | ROBINSON**  
ATTORNEYS AT LAW

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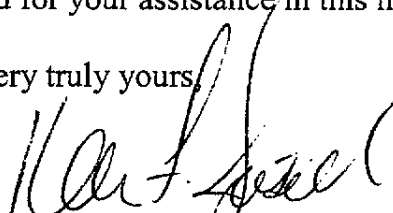
To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and to obtain a **CERTIFIED COPY** for the following entity:

**RAD BLUE OF PALM BEACH, LLC**

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,

  
Karen F. Jusevitch, Paralegal

/kfj  
Enclosures

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Rad Blue of Palm Beach, LLC

**ARTICLE II - Address:**

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

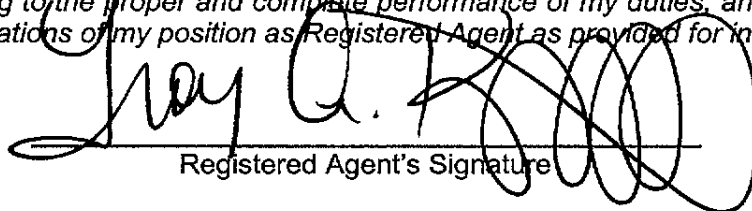
c/o Troy A. Kishbaugh, Esq., P.O. Box 3068, Orlando, FL 328025

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

The name and the Florida street address of the Registered Agent and the registered office are:

Troy A. Kishbaugh, 301 E. Pine Street, Suite 1400, Orlando, FL 32801

*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

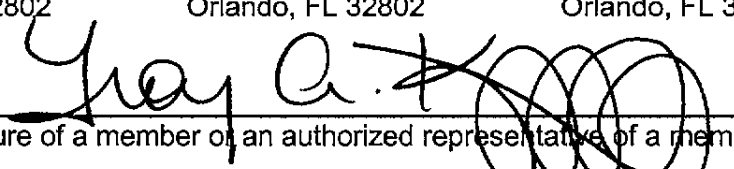
**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial managers are as follows:

Robert J. Ward, M.D.  
P.O. Box 3068  
Orlando, FL 32802

Christopher G. Roth, M.D.  
P.O. Box 3068  
Orlando, FL 32802

John A. Bardini, M.D.  
P.O. Box 3068  
Orlando, FL 32802

  
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.)

Troy A. Kishbaugh, Authorized Representative  
Typed or printed name of signee

FILING FEES:  
\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)

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