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(((H05000238195 3)))

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**LIMITED LIABILITY COMPANY**  
**ADVANCED PROSTATE IMAGING SERVICES, LLC**

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

**ARTICLES OF ORGANIZATION** (((H05000238195 3)))  
**OF**  
**ADVANCED PROSTATE IMAGING SERVICES, LLC**

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is **ADVANCED PROSTATE IMAGING SERVICES, LLC**, (hereinafter, "Limited Liability Company").

**ARTICLE 2 - ADDRESS**

The street address of the principal office of this Limited Liability Company shall be:  
**2625 Tamiami Trail, Unit 6, Port Charlotte, FL 33952**

The mailing address of the principal office of this Limited Liability Company shall be:  
**2625 Tamiami Trail, Unit 6, Port Charlotte, FL 33952**

**ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT**

The name and street address of the registered agent of this Limited Liability Company is:  
**Michael J. Reischmann, 2625 Tamiami Trail, Unit 6, Port Charlotte, FL 33952**

The mailing address of the registered agent of this Limited Liability Company is:  
**2625 Tamiami Trail, Unit 6, Port Charlotte, FL 33952**

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

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.

By:   
**Michael J. Reischmann, Registered Agent**

By:   
**Lance K. Poulsen, Organizing Member**

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