Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H08000174173 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)617-6383

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088 Phone

: (212)947-7200

Fax Number

: (212)564-6083

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ERAD IMAGING SERVICES, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

JUL 17 2008

EXAMINER 7/16/2008

https://efile.sunbiz.org/scripts/efilcovr.exe

(((H08000174173 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ERAD IMAGING SERVICES, PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4440 PGA Bivd., Suite 402

Palm Beach Gardens, FL 33410-6540

Palm Beach County

Same as principal office address

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Flurida registration.)

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

Mark E. Gonwa, M.D.

Name

4440 PGA BLVD., Suite 402

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

Palm Beach Gardens 33410-6540

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

(((HO8000174173 3)))

Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGRM	Mark E. Gonwa, M.D.
	68 Monterey Pointe Drive Palm Seach Gardens, FL 33418-5808
•	OF STATE OF
	三
•	<u></u> 달음 등
	
•	99
	 Dri
(Use attachment if necessary	7)
LEV: Effective date, if othe	r than the date of filing:(OPTIONAL)
ffective date is listed, the dat days after the date of filing	te must be specific and cannot be more than five business days prior
A design and the present where P.	
REQUIRED SIGNATURE	l:

Filing Focus

\$125.00 Filing Wes for Articles of Organization and Designation of Registered Agent
\$ 30.00 Cortifled Copy (Optional)
\$ 5.00 Cortificate of Status (Optional)

Page 2 of 2

Mark E. Gonwa, M.D.

Typed or printed name of signee

(((H08000174173 3)))

391164.2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ERAD IMAGING SERVICES, PLLC

ARTICLE VI - Specific Purpose:

The specific purposes for which this professional limited liability company is organized are to engage in the general practice of medicine and to do all lawful things which may be incidental to or necessary or convenient in connection with the practice of medicine. This professional limited liability company unless otherwise provided in these Articles of Organization shall have all the powers granted to professional limited liability company by the Florida Statutes, Chapter 621.

