

LOG000108349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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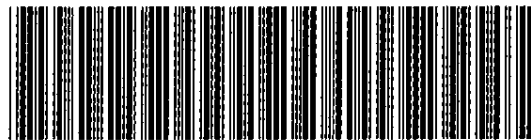
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 NOV 21 AM 10:40
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

B. KOHR

NOV 21 2008

EXAMINER

FILED
08 NOV 21 PM 1:45
TALLAHASSEE, FLORIDA
STATE OF FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 798228 7466316

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

FILED
08 NOV 21 PM 1:45
TALLAHASSEE, FLORIDA

ORDER DATE : November 19, 2008

ORDER TIME : 6:17 PM

ORDER NO. : 798228-005

CUSTOMER NO: 7466316

DOMESTIC FILING

NAME: BATON ROUGE OUTPATIENT
FLUOROSCOPIC SERVICES, L.L.C.

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

Nov. 20. 2008 4:00PM

No. 3918 P. 2

FILED
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BATON ROUGE OUTPATIENT FLUOROSCOPIC SERVICES, L.L.C.

(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:

1471 Cades Bay Avenue

Jupiter, FL 33458

Mailing Address:

1471 Cades Bay Avenue

Jupiter, FL 33458

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

H. Stacy Scroggins

Name

1471 Cades Bay Avenue

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

Jupiter,

FL 33458

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..

BY: [Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

H. Stacy Scroggins

1471 Cades Bay Avenue

Jupiter, FL 33458

MGRM

Donna Scroggins

1471 Cades Bay Avenue

Jupiter, FL 33458

MGRM

Patrick Murphy

1471 Cades Bay Avenue

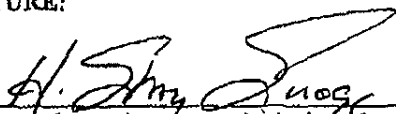
Jupiter, FL 33458

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

H. Stacy Scroggins
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)