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AUG 26 2009

EXAMINER

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August 20, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

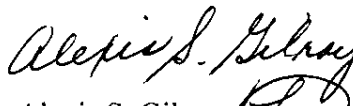

Re: Professional Radiology Partners of Florida, P.L.

Dear Sir/Madam:

Enclosed please find Articles of Organization for filing on behalf of Professional Radiology Partners of Florida, P.L. Also enclosed is a check to cover the requisite filing fees. Please process accordingly.

Thank you in advance for your prompt attention and please feel free to contact me should you have any questions or need further information.

Very truly yours,


Alexis S. Gilroy 

ASG/bam
Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Radiology Partners of Florida, P.L.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Six
Name of Person

Firm/Company

1020 East Brandon Blvd., Suite 211
Address

Brandon, FL 33511
City/State and Zip Code

dsix@stratushealthcare.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

David Six at (813) 643-7424
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Professional Radiology Partners of Florida, P.L.

(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:

1020 East Brandon Blvd., Suite 211
Brandon, FL 33511

Mailing Address:

1020 East Brandon Blvd., Suite 211
Brandon, FL 33511

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:

Stratus Healthcare

Name

1020 East Brandon Blvd., Suite 211

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

Brandon, FL 33511 FL

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)

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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 _____

Richard R. Six, MD
1020 East Brandon Blvd., Suite 211
Brandon, FL 33511

(Use attachment if necessary)

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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.)

Richard R. Six, MD

Typed or printed name of signee

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)

Article VI: The specific purpose of this
Professional Limited Liability Company is Radiology
services.