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.

(((H100000153043)))



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 : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634-3694

Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Emsail   | Address:    |   |  |  |  |
|----------|-------------|---|--|--|--|
| Times to | · · · · · · | _ |  |  |  |

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### enlighten radiology of florida, plic

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu Corporate Filing Menu

J. BRYAN

JAN 25 2009

**EXAMINER** 

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

1/22/2010

9696889908 01/55/5010 14:34

Help

# (4)

# Articles of Organization of

## ENLIGHTEN RADIOLOGY OF FLORIDA, PLLC

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

#### I. Name of Limited Liability Company

The name of this professional limited liability company is: ENLIGHTEN RADIOLOGY OF FLORIDA, PLLC

#### II. Registered Office and Registered Agent

The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

MAX A. ADAMS, ESQ THE MEDI-LAW FIRM 1400 NW 10<sup>TH</sup> AVE PENTHOUSE III MIAMI, FL 33136

#### III. Statement of Purposes

The purposes for which this limited liability company is organized are:

To engage in the lawful practice of Radiology and offering Radiology services to the general public under the laws of the State of Florida.

#### IV. Management and Names and Addresses of Initial Manager

This will be a member-managed company. The name and address of each managing member are as follows:

Title:

MGRM

Name:

Michael A. Taylor

Address:

39 Via Navarro

Greenbrae, CA 94904

#### V. Members and Names and Addresses of each Manager

The name and address of each member are as follows:

Title:

Member

Name:

John Didovic, M.D., P.A.

Address:

721 Lake Road

Miami, FL 33137

410000012304

PAGE BZ/84

EMPIRE CORP KIT

9696889908

01/22/2010 14:34

Title:

Member

Title:

Member

Name:

Daniel Lentz

Name:

**Douglas Borton** 

Address:

1400 NW 10<sup>TH</sup> Avenue

Address:

1400 NW 10<sup>TH</sup> Avenue

Penthouse III

Miami, FL 33136

Penthouse III Miami, FL 33136

Title:

Member

Title:

Member

Name:

Robert Martinez, M.D., P.A. Name:

David R. Priest

Address:

1400 NW 10<sup>TH</sup> Avenue

Address:

1400 NW 10<sup>TH</sup> Avenue

Penthouse III

Penthouse III

Miami, FL 33136

Miami, FL 33136

#### VI. Principal Place of Business of the Limited Liability Company

The principal place of business of the limited liability company shall be:

1400 NW 10<sup>TH</sup> AVENUE PENTHOUSE III MIAMI, FL 33136

## Period of Duration of the Limited Liability Company

The period of duration of the limited liability company shall be:

"Perpetual"

#### vm. Company Existence

The Company's existence shall begin effective as of January 22, 2010.

The authorized members executed these Articles of Organization on 1/22/2010.

Max A. Adams, Esq., as Attorney in Fact

## STATEMENT OF REGISTERED AGENT

#### LIMITED LIABILITY COMPANY:

ENLIGHTEN RADIOLOGY OF FLORIDA, PLLC

9696889908 01/22/2010 14:34

١.

H10000015304

## REGISTERED AGENT/OFFICE:

Max A. Adams, Esq. The Medi-Law Firm 1400 NW 10<sup>TH</sup> Avenue Penthouse III Miami, FL 33136

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Max A. Adams, Esq., as Registered Agent

Date: 1/22/2010

10 JAN 22 AH 8: 09
SECRETARY OF STATE
TALL AHASSEF, FI ORIT

{REMAINDER LEFT INTENTIONALLY BLANK}

H1000001E304