

12/29/2011

14:47 SHUMAKER LOOP &amp; KENDRICK

(FAX) 813-229-1660

P.001004

Florida Department of State  
Division of Corporations  
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.

(((H11000304435 3)))



H110003044353ABCV

**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 : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 29 AM 8:51

FILED

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

Email Address: lamedie@slk-law.com

RECEIVED  
11 DEC 29 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**

**Yokum Radiology, P.L.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY  
EXAMINER

DEC 30 2011

H11000304435 3

**Articles of Organization  
for  
Yokum Radiology, P.L.**

**ARTICLE I - Name**

The name of the Professional Limited Liability Company is **Yokum Radiology, P.L.**

**ARTICLE II - Address**

The mailing address and street address of the Professional Limited Liability Company is as follows:

5215 S. Quincy Street  
Tampa, Florida 33611

**ARTICLE III - Professional Services Rendered**

The Professional Limited Liability Company shall render medical services.

**ARTICLE IV - Registered Agent and Registered Address**

The name and the street address of the registered agent are as follows:

Liben M. Amedie, Esq.  
c/o Shumaker, Loop & Kendrick, LLP  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

**ARTICLE V - Management**

The Professional Limited Liability Company is to be managed by one or more managers. The name and address of the initial manager are as follows:

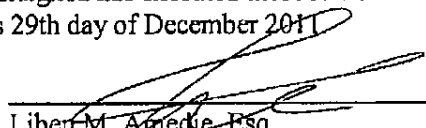
Michael Yokum, M.D.  
5215 S. Quincy Street  
Tampa, Florida 33611

**FILED**  
2011 DEC 29 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000304435 3

H11000304435 3

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization as an authorized representative of a Member this 29th day of December 2011

  
Liber M. Amedie, Esq.  
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.)

**FILED**  
2011 DEC 29 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000304435 3

H11000304435 3

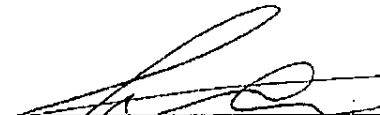
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is **Yokum Radiology, P.L.**
2. The name and the Florida street address of the registered agent are as follows:

Liben M. Amedie, Esq.  
c/o Shumaker, Loop & Kendrick, LLP  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*



Liben M. Amedie, Esq.  
Registered Agent

2011 DEC 29 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H11000304435 3