

May-09-12

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FLORIDA LIMITED LIABILITY CO.

Lake Medical Imaging and Breast Center at the Villag

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MAY 10 2012

EXAMINER

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **LAKE MEDICAL IMAGING AND BREAST CENTER AT THE VILLAGES, II, L.L.C.**

**ARTICLE II - Address:**

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

734 North 3<sup>rd</sup> Street, Suite 115  
Leesburg, Florida 34748

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

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

Cathrine E. Keller, M.D.  
Name

734 North 3<sup>rd</sup> Street, Suite 115  
Florida street address (P.O. Box NOT acceptable)

Leesburg, Florida 34748  
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.*

Cathrine E. Keller, M.D.  
Registered Agent's Signature: **Cathrine E. Keller, M.D.**

**Article IV - Management (Check box if applicable):**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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**Article V – Withdrawal of a Member:**

A Withdrawing Member shall not be entitled to receive the "fair value" (within the meaning of Section 608.427 of the Act) of the Withdrawing Member's Interest in the Company as of the effective date of withdrawal based on the Withdrawing Member's right to share in distributions from the Company or otherwise. Instead, the Withdrawing Member shall be entitled to receive the amounts, if any, as may be set forth in the Company's Operating Agreement.

SOLE MEMBER: LAKE MEDICAL IMAGING AND BREAST CENTER AT  
THE VILLAGES, L.L.C.

By: Cathrine E. Keller  
Cathrine E. Keller, M.D., President

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.)

Cathrine E. Keller, M.D.  
Typed or printed name of signer

**FILING FEES:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

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