

L14000124444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

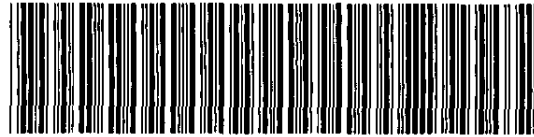
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100262986861

RECEIVED  
DEPARTMENT OF STATE  
BUREAU OF CONVERSION  
2014 AUG - 7 AM 10:55  
IS AKA/NOV/10/08  
SUFFICIENCY OF FILING

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
2014 AUG - 7 AM 10:44

FILED

B. BOSTICK

AUG - 8 2014

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 247757 4307846

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : August 7, 2014

ORDER TIME : 8:50 AM

ORDER NO. : 247757-005

CUSTOMER NO: 4307846

DOMESTIC FILING

NAME: RADIMAGE, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 62920

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2014 AUG -7 A 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: **RadImage, LLC**

## ARTICLE II - Address:

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

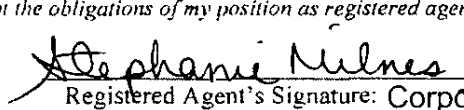
20 W. Kaley Street  
Orlando, Florida 32806

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

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301


*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 605, F.S.*

 **Stephanie Milnes**  
Asst. Vice President  
Registered Agent's Signature: Corporation Service Company

## ARTICLE IV - Management

The Company shall be manager-managed and the name and address of the initial managers of the Company are:

M. Kathryn Garrett, M.D. and  
David E. Panzer, M.D.  
20 W. Kaley Street  
Orlando, Florida 32806

By:   
Print Name: M. Kathryn Garrett, M.D.  
Title: Member

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dated this 6th day of August 2014.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 AUG -7 A 10:45

FILED