

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
RAPID ACCESS MEDICAL DIAGNOSTICS FLA, PLLC**

Certificate of Status	1
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RESUBMIT**

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November 16, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: RAPID ACCESS MEDICAL DIAGNOSTICS FLA, PLLC
REF: W17000091577

We have received your document for RAPID ACCESS MEDICAL DIAGNOSTICS FLA, PLLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist II

FAX Aud. #: E17000301914
Letter Number: 317A00023255

PLEASE SEE UPDATED FILING

P.O BOX 6327 - Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION
FOR****FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY****ARTICLE I - Name**

The name of the Limited Liability Company is: **RAPID ACCESS MEDICAL DIAGNOSTICS FLA, PLLC**

ARTICLE II - Address

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

Principal Office Address:**2408 ASPEN WAY****BOYNTON BEACH, FL 33436****Mailing Address:****397 WOODBURY ROAD****WOODBURY, NY 11797**

ARTICLE III - The purpose for which this Professional Limited Liability Company is/are formed, are as follows: To practice the profession of: MOBILE ULTRASOUND DIAGNOSTICS

ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature

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

ORESTE JOSEPH BRUNI, MD

Name

2408 ASPEN WAY(P.O. Box or Mail Drop Box **NOT** Acceptable)**BOYNTON BEACH, FLORIDA 33436**

(City / State / 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 605, F.S.


Registered Agent's Signature - ORESTE JOSEPH BRUNI, MD

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ARTICLE V - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

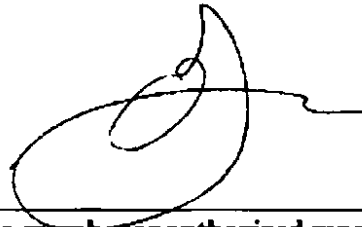
"MGRM" = Managing Member

MGRM

ORESTE JOSEPH BRUNI, MD-2408 ASPEN WAY, BOYNTON BEACH, FLORIDA 33436

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ORESTE JOSEPH BRUNI

Typed or printed name of signee