

L95000000187

URGENT

ARTICLES OF ORGANIZATION
OF
ADVANCED MEDICAL DIAGNOSTICS, L.C.

Date : February 14, 1995

To: Secretary of State
Tallahassee, Florida

RECEIVED
FEB 14 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

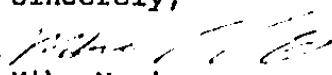
Please file the enclosed Articles of Organization and return
a certified copy as soon as possible.

Enclosed is remittance to cover the filing fees.

Please contact me if there are any questions.

Thank you in advance for your usual efficient service.

Sincerely,


Mike Muzio

RECEIVED
FEB 14 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W-15-4673
M4
2-14-95



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 2, 1995

MIKE MUZIO
2631 MCCORMICK DR.
SUITE 101
CLEARWATER, FL 34619

SUBJECT: ADVANCED MEDICAL DIAGNOSTICS, L.C.
Ref. Number: W95000004673

We have received your document for ADVANCED MEDICAL DIAGNOSTICS, L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 195A00009375

ADVANCED MEDICAL DIAGNOSTICS AND TESTING L.C.

ARTICLES OF ORGANIZATION

CHAPTER 608

CHARTER

FILED

ARTICLES OF ORGANIZATION
OF

95 MAR -2 PM 1:24

ADVANCED MEDICAL DIAGNOSTICS AND TESTING L.C.

The undersigned, for the purpose of forming a Limited Liability Company under Florida Chapter 608, do adopt the following Articles of Organization:

ARTICLE I

NAME: The name of this Limited Liability Organization is:
ADVANCED MEDICAL DIAGNOSTICS AND TESTING L.C.

ARTICLE II

ADDRESS: The mailing address and street address of the principal office of the Limited Liability Company is
2631 McCormick, Drive, Suite 101, Clearwater, FL 34619.

ARTICLE III

DURATION: The duration of the Company shall commence with the filing of these Articles and continue for not more than 30 years.

ARTICLE IV

MANAGEMENT: The Limited Liability Company is to be managed by the members and names and addresses of the managing members are:

Joe Muzio, 2631 McCormick, Suite 101, Clearwater, FL 34619
Mike Muzio, 2631 McCormick, Suite 101, Clearwater, FL 34619

ARTICLE V

ADMISSION OF ADDITIONAL MEMBERS: The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: The addition of any member in this Company must be with the written consent of all of the members.

ARTICLE VI

MEMBERS RIGHT TO CONTINUE BUSINESS: The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The Company shall have the right to continue operating and shall not be effected on the death, retirement, resignation, expulsion, bankruptcy, or any other occurrence which terminates the membership of a member in this Company.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of ADVANCED MEDICAL DIAGNOSTICS AND TESTING L.C. deposes and says:

1. The above named limited liability company has at least two members.
2. The total amount of cash contributed by the members is \$200.00.
3. The total amount of cash or property anticipated to be contributed by members is \$200.00.
This total includes amounts from number 2 above.



Signature of a member or authorized representative of a member

FILED

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

1. The name of the limited liability company is :
ADVANCED MEDICAL DIAGNOSTICS AND TESTING L.C.
2. The name and address of the registered agent and office
is:

Mike Muzio

2631 McCormick Drive
Suite 101
Clearwater, FL 34619

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.


Mike Muzio
Signature

2-14-95
Date

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

05 JUN 11 AM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000187 ADVANCED MEDICAL DIAGNOSTICS & TESTING, L.C. 2631-MC CORMICK DR. #101 CLEARWATER, FL. 34619			
1a. Principal Place of Business Address <div style="text-align: center; padding-top: 20px;">same as #2</div>			
2. Principal Place of Business 2329 Sunset Point Rd Suite, Apt. #, etc. STE 203 City & State CLEARWATER, FL Zip 34625 Country USA		2a. Mailing Address same as #2 Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified Feb. 1995		3a. State of Formation Fla.	
4. FET Number 59-32945(6)		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
this is 1st report			
7. Name and Address of Current Registered Agent Michael Muzio 2631 Mc Cormick Dr. #101 Clearwater, FL. 34619		8. Name and Address of New Registered Agent Name Michael Muzio Street Address (P.O. Box Number is Not Acceptable) 2329 Sunset Point Rd Suite, Apt. #, etc. STE 203 City CLEARWATER FL Zip Code 34625	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
<small>(Registered Agent Accepting Appointment) (NOT Registered Agent signature required when operating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
Mgr. memb.	Michael Muzio	2631 Mc Cormick Dr. #101	Clearwater, FL. 34619
Mgr. memb.	Joe Muzio	2631 Mc Cormick Dr. #101	Clearwater, fl. 34619
			80000189504E -07/16/96--01135--004 ****263.75 ****263.75
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment, with an address.			
SIGNATURE: <i>Michael Muzio</i>		Michael Muzio 5/21/96 813-799-9729	