

L95000000819

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
409 E Gaines St.
Tallahassee, FL 32399

700001619017
-10/24/95--01084--008
*****285.00 *****285.00

SUBJECT: ALLONE X-RAY, L.C.

Enclosed is an original and one copy of the articles of organization and a check for \$ 285.00 (Filing Fee and Registered Agent Designation).

FROM: All One X-ray, L.C.
Angela M. Schimenek
4501 85th Avenue North
Pinellas Park, FL 34665
(813) 541-6202

m6KM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 OCT 23 PM 1:28

FILED

10/27/95

(7/1)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
95 OCT 23 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME
THE NAME OF THE LIMITED LIABILITY COMPANY IS:

ALL ONE X-RAY, L.C.

ARTICLE II - ADDRESS
THE MAILING AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE
LIMITED LIABILITY COMPANY IS:

MAILING ADDRESS:
**P. O. BOX 3356
PINELLAS PARK, FL 34664-3356**

STREET ADDRESS:
**4501 85TH AVENUE
PINELLAS PARK, FL 34665**

ARTICLE III - DURATION
THE DURATION FOR THE LIMITED LIABILITY COMPANY SHALL BE:

**PERPETUAL OR UNTIL THE
MEMBERS VOTE TO CHANGE
THE LEGAL FORM OF THE LIMITED
LIABILITY COMPANY AND FILE
THESE CHANGES WITH THE
DEPARTMENT OF STATE**

ARTICLE IV-MANAGEMENT

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY THE MEMBERS AND THE NAMES AND ADDRESSES OF THE MANAGING MEMBERS ARE.

ANGELA M. SCHIMENEK
4501 85TH AVENUE NORTH
PINELLAS PARK, FL 34665

General Manager/
Sales Manager

GAETANO (GUS) LANZILOTTA
5413 37TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Engineering
Supervisor

DAWN PEYER REYNOLDS
6246 99TH CIRCLE NORTH
PINELLAS PARK, FL 34666

Human Resources
Manager

ERIC L. SCHIMENEK
4501 85TH AVENUE NORTH
PINELLAS PARK, FL 34665

Marketing Manager

SUSAN LANZILOTTA
5413 37TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Finance Manager

MARTIN FRIEDRICH
6246 99TH CIRCLE NORTH
PINELLAS PARK, FL 34666

Quality Control
Supervisor

ARTICLE V-ADMISSION OF ADDITIONAL MEMBERS
THE RIGHT OF THE REMAINING MEMBERS TO ADMIT ADDITIONAL MEMBERS
AND THE TERMS AND CONDITIONS OF THE ADMISSIONS SHALL BE:

NO PERSON SHALL BE ADMITTED
AS A MEMBER UNLESS EACH EXISTING
MEMBER CONSENTS IN WRITING TO THE
ADMISSION OF AN ADDITIONAL MEMBER.

ARTICLE VI-MEMBERS RIGHTS TO CONTINUE BUSINESS

THE REMAINING MEMBERS OF THE LIMITED
LIABILITY COMPANY SHALL HAVE THE
RIGHT TO CONTINUE BUSINESS IN THE
EVENT OF THE DEATH, RETIREMENT,
RESIGNATION, EXPULSION, BANKRUPTCY,
OR DISSOLUTION OF A MEMBER OR THE
OCCURANCE OF ANY EVENT WHICH
TERMINATES THE CONTINUED
MEMBERSHIP OF A MEMBER IN
THE LIMITED LIABILITY COMPANY.

ARTICLE VII-TRANSFERABILITY OF A MEMBERS INTEREST

A MEMBERS INTEREST IN THE
LIMITED LIABILITY COMPANY IS
NOT ASSIGNABLE IN WHOLE OR IN PART,
EXCEPT AS STATED BELOW:

A) AN ASSIGNMENT OF A MEMBERS
INTEREST MAY BE MADE IF A MAJORITY
OF THE NONASSIGNING MEMBERS
CONSENT TO THE ASSIGNMENT IN WRITING

B) AN ASSIGNMENT OF A MEMBERS INTEREST MAY BE MADE TO A CHILD (OR CHILDREN) OF THE MEMBER.

THE ASSIGNEE IS ENTITLED TO SHARE IN THE PROFITS AND LOSSES OF THE LIMITED LIABILITY COMPANY, TO RECEIVE SUCH DISTRIBUTION OR DISTRIBUTIONS, AND TO RECEIVE SUCH ALLOCATION OR INCOME, GAIN, LOSS DEDUCTION, OR CREDIT OR SIMILAR ITEM TO WHICH THE ASSIGNOR WAS ENTITLED. AN ASSIGNMENT DOES NOT ENTITLE THE ASSIGNEE TO BECOME OR TO EXERCISE ANY RIGHTS OR POWERS OF A MEMBER.

ARTICLE VIII-RIGHTS OF AN ASSIGNEE TO BECOME A MEMBER:

AN ASSIGNEE MAY BECOME A MEMBER ONLY IF ALL REMAINING MEMBERS CONSENT.

IN THE EVENT THE ASSIGNMENT OF A MEMBERS INTEREST IS DIVIDED BETWEEN MORE THAN ONE ASSIGNEE, THE RIGHTS AND POWERS OF MEMBERSHIP ARE DIVIDED IN PROPORTION TO THE ASSIGNMENT WITH THE TOTAL INTEREST RECEIVING ONE VOTE

ARTICLE IX-WITHDRAWAL OF A MEMBER FROM THE LIMITED
LIABILITY COMPANY

A MEMBER MAY WITHDRAW FROM
THE LIMITED LIABILITY COMPANY
UPON NOT LESS THAN SIX MONTHS
WRITTEN NOTICE TO EACH NON-
WITHDRAWING MEMBER AT HIS OR
HER ADDRESS AS STATED IN THE
OFFICIAL RECORDS.

A WITHDRAWING MEMBER IS
ENTITLED TO RECEIVE, IN CASH
ONLY, THE BALANCE AS STATED
IN HIS OR HER CAPITAL ACCOUNT
PLUS THE VALUE OF HIS OR
HER ORIGINAL CONTRIBUTION.

ARTICLE X-DISSOLUTION

THE LIMITED LIABILITY
COMPANY MAY ONLY BE
DISSOLVED BY UNANIMOUS
WRITTEN AGREEMENT BY
ALL OF ITS MEMBERS.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

THE UNDERSIGNED MEMBERS OF **All One X-ray, L.C.**,
depose and say:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash or property anticipated to be contributed by each member is: \$10,000.00. This total includes the maximum out of pocket cash contribution and/or reinvestment of members share of profits allowable under the Limited Liability Company Regulations.

Susan Lanzilotta 10/22/95 Dawn Peyer Reynolds Oct. 22, 1995
Susan Lanzilotta DATE Dawn Peyer Reynolds DATE

Angela M. Schimenek 10/22/95 Gaetano (Gus) Lanzilotta, Jr 10/22/95
Angela M. Schimenek DATE Gaetano (Gus) Lanzilotta, Jr DATE

Eric L. Schimenek 10/22/95 Martin L. Friedrich 10/22/95
Eric L. Schimenek DATE Martin L. Friedrich DATE

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 ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, 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: ALL ONE X-RAY, L.C.
2. The name and address of the registered agent and office is:

ANGELA M. SCHIMENEK
4501 85TH AVENUE NORTH
PINELLAS PARK, FL 34665

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.

Angela M. Schimenek 10-22-95
Angela M. Schimenek Date

FILED
OCT 23 PM 1:28
SECRETARY OF STATE
TREASURY FLORIDA

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JUN -5 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # L95000000819**

ALL ONE X-RAY, L.C.
4501 85TH AVENUE
PINELLAS PARK FL 34665

1a. Principal Place of Business Address
4501 85TH AVENUE
PINELLAS PARK FL 34665

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 7000 Bryan Dairy Rd Suite, Apt. #, etc. Suite A-14 City & State Largo, FL Zip 34647		2a. Mailing Address P.O. Box 3356 Suite, Apt. #, etc. City & State Pinellas Park, FL Zip 34664		3. Date Organized or Qualified 10/23/1995	3a. State of Formation FL
4. FEI Number 59-3360121				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report				6. Certificate of Status Desired <input type="checkbox"/>	

7. Name and Address of Current Registered Agent SCHIMENEK, ANGELA M 4501 85TH AVENUE PINELLAS PARK FL 34665		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL	
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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 Angela M. Schimenek DATE 5-22-96
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCHIMENEK, ANGELA M	4501 85TH AVENUE	PINELLAS PARK FL
MGRM	LANZILOTTA, GAETANO	5413 37TH AVENUE NORTH	ST. PETERSBURG FL
MGRM	REYNOLDS, DAWN P	6246 99TH CIRCLE NORTH	PINELLAS PARK FL
MGRM	SCHIMENEK, ERIC L	4501 85TH AVENUE NORTH	PINELLAS PARK FL
MGRM	LANZILOTTA, SUSAN	5413 37TH AVENUE NORTH	ST. PETERSBURG FL
MGRM	FRIEDRICH, MARTIN	6246 99TH CIRCLE NORTH	PINELLAS PARK FL

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: Angela M. Schimenek Angela M. Schimenek 5-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #