

L9500000976

FOLEY & LARDNER
ATTORNEYS AT LAW

JACKSONVILLE
TALLAHASSEE
TAMPA
WEST PALM BEACH
MILWAUKEE
MADISON
CHICAGO
WASHINGTON, D.C.

SUITE 1800
111 NORTH ORANGE AVENUE
ORLANDO, FLORIDA 32801
TELEPHONE (407) 423-7656
FACSIMILE (407) 648-1743
MAILING ADDRESS:
POST OFFICE BOX 2193
ORLANDO, FL 32802-2193

December 18, 1995

A MEMBER OF GLOBALEX
WITH MEMBER OFFICES IN

BERLIN
BRUSSELS
DRESDEN
FRANKFURT
LONDON
PARIS
SINGAPORE
STUTTGART
TAIPEI

VIA HAND DELIVERY

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

Re: Articles of Organization of Medical Resource Management, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 DEC 19 PM 2:34

FILED

Dear Sir or Madam:

700001668387
-12/22/95--01007--010
****337.50 ****337.50

Enclosed please find the Articles of Organization and Affidavit of a Member for Medical Resource Management, L.C. and a check to cover the cost of filing the documents and obtaining a certified copy of the Articles.

Please deliver the certified copy of the Articles to the courier making this hand delivery. Thank you for your assistance with this matter.

Sincerely,



Christopher D. Rolle

*File
2:00*

**ARTICLES OF ORGANIZATION
OF
MEDICAL RESOURCE MANAGEMENT, L.C.**

FILED
95 DEC 19 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being a member of **MEDICAL RESOURCE MANAGEMENT, L.C.**, hereby adopts and submits for filing the following Articles of Organization of a limited liability company pursuant to Section 608.407 of the Florida Limited Liability Company Act:

ARTICLE I. - NAME OF LIMITED LIABILITY COMPANY

The name of the limited liability company shall be **MEDICAL RESOURCE MANAGEMENT, L.C.**

ARTICLE II. - TERM OF EXISTENCE

The limited liability company shall begin its existence as of the filing of these Articles of Organization and shall exist until dissolved pursuant to Article VII hereof.

ARTICLE III - PURPOSES AND POWERS

The purpose for which the limited liability company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida to be engaged in by a limited liability company organized and existing under the Florida Limited Liability Company Act. The limited liability company shall have all of the powers vested in a limited liability company organized and existing under the Florida Limited Liability Company Act.

ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The initial street address of the registered office of the limited liability company in the state of Florida is John J. Wheeler. The name of the initial registered agent of the corporation at such address is 124 E. Welbourne Avenue, Winter Park, Florida 32789.

ARTICLE V - MANAGEMENT

The limited liability company shall be managed by a Board of Managers. The names and addresses of the initial managers who shall serve until the first annual meeting of members or until their successors are elected and qualified are as follows:

Name**Address**

Richard J. Bagby, M.D.
Neil W. Baron, M.D.
Jack L. Berger, M.D.
Jeffrey J. Bush, M.D.
Kenneth K. Hines, Jr., M.D.
Thomas L. March, M.D.

Morgan, Hiatt, Hines, Culbert & March
124 E. Welbourne Avenue
Winter Park, Florida 32789

Alan P. Frost, M.D.
Rudy O. Holton, Jr., M.D.
Marc F. Siegel, M.D.

Florida Diagnostic Imaging Associates, P.A.
612 South Bay Street
Eustis, Florida 32727

C. R. DeArmas, Jr., M.D.
H. H. Fawley, Jr., M.D.

DeArmas Radiology Associates, P.A.
500 Memorial Circle, Suite D
Ormond Beach, Florida 32714

Daniel A. Myerson, M.D.

Southeast Radiology Associates, P.C.
700 W. Oak Street
Kissimmee, Florida 32741

John J. Wheeler

Drs. Morgan, Hiatt, Hines, Culbert & March, P.A.
124 E. Welbourne Avenue
Winter Park, Florida 32789

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted into the limited liability company in the manner prescribed in the regulations of the limited liability company.

ARTICLE VII - DISSOLUTION

The limited liability company shall be dissolved upon the occurrence of any of the following events:

- (a) The unanimous written agreement of all Members;
- (b) Upon the death, insanity, retirement, resignation, expulsion or bankruptcy of any Manager who is a Member, or upon the occurrence of any other event which terminates the continued membership of any Manager who is a Member, unless the business of the limited liability company is continued by consent of the Members owning or holding at least a Majority Interest within ninety (90) days after the occurrence of the dissolution event and there are at least two remaining Members;
- (c) When the limited liability company has fewer than two Members; or

- (d) Upon judicial dissolution of the limited liability company pursuant to Section 608.441(2) of the Florida Act.

ARTICLE VIII - MAILING ADDRESS AND STREET ADDRESS

The mailing and street address of the limited liability company in the state of Florida is 124 E. Welbourne Avenue; Winter Park, Florida 32789.

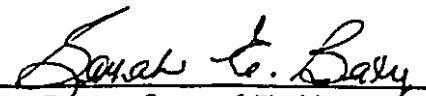
IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Orlando, Florida, this 18th day of December, 1995.


John J. Wheeler, member

ACKNOWLEDGMENT

STATE OF FLORIDA)
) SS.
COUNTY OF ORANGE)

The foregoing instrument was acknowledged before me by John J. Wheeler, who is personally known to me, this 18th day of December, 1995.

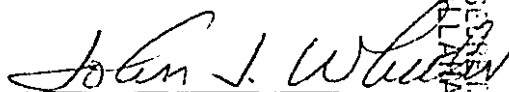

NOTARY PUBLIC - State of Florida At Large
Printed Name: Sarah E. Baty

My Commission Expires:

10/23/99

ACCEPTANCE BY REGISTERED AGENT

The undersigned, John J. Wheeler, as registered agent appointed in accordance with the foregoing Articles of Organization, does hereby accept such appointment, and does hereby state that he is familiar with, and accepts, the obligations imposed pursuant to §608.495 of the Florida Limited Liability Company Act.


John J. Wheeler

FILED
95 DEC 19 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF A MEMBER
OF
MEDICAL RESOURCE MANAGEMENT, L.C.**

STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned member of **MEDICAL RESOURCE MANAGEMENT, L.C.**, a Florida limited liability company, hereby declares as follows:


1. The limited liability company has at least two (2) members.
2. The members of the limited liability company have contributed to the capital of the limited liability company cash in the amount of \$40,000.
3. The amount anticipated to be contributed to the capital of the limited liability company by the members of the limited liability company is cash in the amount of \$400,000.
4. This Affidavit is executed by the undersigned member of the limited liability company.


John J. Wheeler

ACKNOWLEDGMENT

STATE OF FLORIDA)
) SS.
COUNTY OF ORANGE)

The foregoing instrument was acknowledged before me by John J. Wheeler, who is personally known to me, this 18th day of December, 1995.


NOTARY PUBLIC - State of Florida At Large
Printed Name: Sarah E. Baty

My Commission Expires:

10/23/99



SARAH E. BATY
MY COMMISSION # CC478964 EXPIRES
October 23, 1999
BONDED THRU TROY FAIR INSURANCE, INC.

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

①

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

36 JUN -3 AM 9:46

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
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L95000000976
MEDICAL RESOURCE MANAGEMENT, L.C. 124 E. WELBOURNE AVENUE WINTER PARK FL 32789	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a	

1a. Principal Place of Business Address
124 E. WELBOURNE AVENUE WINTER PARK FL 32789

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
P.O. Box 522114	P.O. Box 522114	12/19/1995	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For
LONGWOOD, FL	LONGWOOD, FL	59-3349484	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
Zip	Country		<input type="checkbox"/> Addendum Fee Required
32752-2114	SEMINOLE		
32752-2114	SEMINOLE		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
WHEELER, JOHN J 124 E. WELBOURNE AVENUE WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
	500001860435 -06/12/96--01120--013 ****FL****263.75

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 _____
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BAGBY, RICHARD J M.D.	124 E. WELBOURNE AVENUE	WINTER PARK FL
MGR	BARON, NEIL W M.D.	124 E. WELBOURNE AVENUE	WINTER PARK FL
MGR	BERGER, JACK L M.D.	124 E. WELBOURNE AVENUE	WINTER PARK FL
MGR	BUSH, JEFFREY J M.D.	124 E. WELBOURNE AVENUE	WINTER PARK FL
MGR	HINES, M.D., KENNETH K	124 E. WELBOURNE AVENUE	WINTER PARK FL
MGR	MARCH, THOMAS L M.D.	124 E. WELBOURNE AVENUE	WINTER PARK FL
	SEE ATTACHED SHEET		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Physician Information
Confidential

Current as of March 18, 1988

**MEDICAL RESOURCE
MANAGEMENT, LC
BOARD OF MANAGERS**

	HOME ADDRESS	HOME PHONE #	OFFICE PHONE #
Neil W. Baron, M.D. - MEM	1907 Maple Leaf Dr., Windermere, FL 34786	(407) 578-1310	(407) 628-1919
Jeffrey J. Bush, M.D. - MEM	2789 Conyers Ct., Deltona, FL 32789	(904) 789-0838	(904) 738-0488
C.R. DeArmas, Jr., M.D. - MEM	74 Concord Dr., Oromond Beach, FL 32174	(904) 441-8820	(904) 672-5881
Fred J. Dietrich	620 Yachtowne Dr., Rockledge, FL 32955	(407) 694-4586	(407) 690-5488
H.H. Fawley, Jr., M.D. - MEM	687 N. Beach Street, Oromond Beach, FL 32174	(904) 672-2655	(904) 672-5881
Alan P. Frost, M.D. - MEM	1719 Bridgewater Dr., Heathrow, FL 32804	(407) 333-9433	(352) 357-7444
Kenneth K. Hines, Jr., M.D. - MEM	150 Lake Winnemissett Ave., Deland, FL 32724	(407) 349-2546	(904) 738-0488
R. Scott Mahan, M.D. - MEM	2615 Rose Isle Ct. Orlando, FL 32803	(407) 888-7050	(407) 628-1919
Daniel A. Myerson, M.D. - MEM	9781 Bay Vista Estates Blvd., Orlando, FL 32836	(407) 351-1408	(407) 628-1919
Marshall Pearlman, M.D. - MEM	P.O. Box 1609 Mt. Dora, FL 32757	(904) 383-1985	(352) 357-0315
Marc F. Siegel, M.D. - MEM	701 Club Ridge Court, Longwood, FL 32779	(407) 788-2622	(352) 357-7444
George A. Stanley, M.D. - MEM	122 Stonehill Dr., Maitland, FL 32751	(407) 740-0701	(407) 628-1919
John J. Wheeler - MEM	460 Timberidge Dr., Longwood, FL 32779	(407) 788-6261	(407) 830-5400
Wayne W. Windham, M.D. - MEM	1907 Maple Leaf Dr., Windermere, FL 34786	(904) 589-4275	(407) 628-1919

L9500000976

Foley + Gardner

Requestor's Name

Address

City/State/Zip

Phone #

200-6100

500002187745--6

-05/22/97--01003--022

*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

500002187745--6

-05/23/97--01008--002

*****17.50 *****17.50

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

3:30

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 JUN -9 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 JUL 22 AM 9:49
DIVISION OF CORPORATION

2 DIS
OFF
6/19

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
97 JUN -9 AM 10:06
TALLAHASSEE, FLORIDA

May 23, 1997

FOLEY & LARDNER

TALLAHASSEE, FL

SUBJECT: MEDICAL RESOURCE MANAGEMENT, L.C.
Ref. Number: L95000000976

We have received your document for MEDICAL RESOURCE MANAGEMENT, L.C. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a Florida limited liability company must be signed by all members.

Please include the exhibit(s) referred to in your document.

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) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 297A00028136



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 22, 1997

FOLEY & LARDNER

TALLAHASSEE, FL

SUBJECT: MEDICAL RESOURCE MANAGEMENT, L.C.
Ref. Number: L95000000976

We have received your document for MEDICAL RESOURCE MANAGEMENT, L.C. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file this document is \$52.50. For each certified copy requested, please add an additional \$52.50.

Articles of Dissolution for a Florida limited liability company must be signed by all members.

Please include the exhibit(s) referred to in your document.

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) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 597A00027997

RECEIVED
97 MAY 22 PM 4:25
DIVISION OF CORPORATIONS

**ARTICLES OF DISSOLUTION
OF
MEDICAL RESOURCE MANAGEMENT, L.C.**

The undersigned, Kenneth K. Hines, M.D., President of **MEDICAL RESOURCE MANAGEMENT, L.C.**, hereby adopts and submits for filing the following Articles of Dissolution of a limited liability company pursuant to Section 608.445 of the Florida Limited Liability Company Act:

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

The name of the limited liability company is Medical Resource Management, L.C. (the "Corporation").

ARTICLE II - EFFECTIVE DATE OF DISSOLUTION

The effective date of the Corporation's dissolution is the close of business the 31st day of August, 1996.

ARTICLE III - OCCURRENCE OF DISSOLUTION

Pursuant to Section 608.441, all the members of the Corporation unanimously adopted and authorized a Written Consent of Members dated the 28th day of August, 1996 dissolving the Corporation (attached hereto as Exhibit A).

ARTICLE IV - DISCHARGE OF DEBTS

Pursuant to Section 608.4421, there are no funds, assets, or property with which to satisfy any known, unknown, contingent, conditional, or unmatured claims and/or obligations of the Corporation.

ARTICLE V - DISTRIBUTION OF PROPERTY AND ASSETS

There is no property or assets to distribute among the members of the Corporation.

ARTICLE VI - PENDING SUITS

As to the best knowledge of the Corporation, there are no suits pending against the Corporation in any court. There are no funds, assets, or property with which to satisfy any unknown or contingent claims against the Corporation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution this 6th day of May, 1997 but effective as of the close of business the 31st day of August, 1996.


Kenneth K. Hines, M.D.
President


STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 6th day of May, 1997,
by Kenneth K. Hines, M.D. Such person did not take an oath and: *(notary must check
applicable box)*

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

{Notary Seal must be affixed}

Sharon S. Peek
Signature of Notary

 SHARON S. PEEK
MY COMMISSION # CC286451 EXPIRES
July 9, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): CC286451

My Commission Expires (if not legible on seal): 7/9/97

MEDICAL RESOURCE MANAGEMENT, LC**WRITTEN CONSENT OF MEMBERS**

August 31, 1996 at 11:00 a.m. close of business
 The undersigned, being all of the Members of Medical Resource Management, LC (the "Company"), do hereby agree to the dissolution of the Company pursuant to Florida Statutes, Section 608.441 and the Articles of Organization and the Operating Agreement of the Company. This action is effective immediately, and the Board of Managers, or its designees, are hereby directed to take all steps and actions necessary to effectuate the dissolution and to file Articles of Dissolution with the Department of State.

Action taken this 28th day of August, 1996, at a Special Meeting of the Members, duly called for this purpose.

DRS. MORGAN, HIATT, HINES, CULBERT & MARCH, P.A.

By: [Signature]
 Name: R Scott Mahan, MD
 Title: _____

FLORIDA DIAGNOSTIC IMAGING ASSOCIATES, P.A.

By: [Signature]
 Name: Marc F. Siebert, M.D.
 Title: _____

DEARMAS RADIOLOGY ASSOCIATES, P.A.

By: [Signature]
 Name: C.R. DEARMAS JR M.D.
 Title: _____

Ratified and Agreed to:

SOUTHEAST RADIOLOGY
 ASSOCIATES, P.A.

By: _____
 Daniel A. Myerson, M.D.

SOUTHEAST RADIOLOGY ASSOCIATES, P.A.

By: [Signature] *for Dan Myerson by Proxy*
 Name: NW. Barton, MD
 Title: Treasurer

JOHN J. WHEELER

[Signature]

APPOINTMENT OF PROXY**MEDICAL RESOURCE MANAGEMENT, L.C.**

The undersigned hereby appoints D. N. Baron as
proxy with full power of substitution to represent and vote on behalf of the undersigned on
any and all matters that require the vote of the undersigned at the Meeting of Members on
Aug 28, 1996 1996, and any adjournments thereof, with all the powers
the undersigned would possess if present.

IN WITNESS WHEREOF, this Proxy has been signed the 28 day of
Aug 1996.

Donald A. Myerson
Donald A. Myerson
Print Name:

Southeast Radiology Associates, P.A.