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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/Otate/ZIMF Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:
10/9 FOR LC CC+CUS
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Office Use Only



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

To whom it may concern:

This a transmittal letter to register a foreign limited liability company to transact business in Florida. Please see the attached application, certificate, and check payable to the Florida Department of State.

The check includes: \$100.00 Filing Fee for Application

Designation of Registered Agent \$25.00

Certified Copy \$30.00 Certificate of Status \$5.00

Total: \$160.00

If you have any questions please contact Mark Carmichael at 813-876-4800.

Thank you for your assistance.

Sincerely,

Mark Carmichael

Partner & Managing Director

Virtual Diagnostic Services

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN-COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Virtual Diagnostic Sarvicas, L.L.C. (Name of foreign limited liability company)
2. California (Jurisdiction under the law of which foreign limited liability company is organized) 3. 91-2051768 (FEI number, if applicable)
4. May 75th 2000 (Date of Organization) 5. Perpetva (Duration: Year limited liability company will cease to exist or "perpetual")
6. Panding Business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7. (OLD) 5757 W. Century Blud, Suite 700, Los Angeles, CA 90045
(NEU) 6464 Sunset Bludo, Suite 560, Los Augo 69, CA 90028
8. If limited liability company is a manager-managed company, check here 29. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows: 6
Mark Carmichael
730 South Sterling Ave, Suite 108, Tampa, FL 33609
Jeff Eskew
6464 Sunset Blud, Suite 560, Los Angeles, CA 90028
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful
activity including providing medical diagnostic services,
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Mark Carmichae/ Typed or printed name of signee
Typed or printed name of signee

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

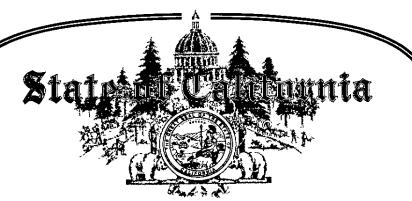
Virtual Diagnostic Services, LLC
2. The name and the Florida street address of the registered agent and office are:
Marh Carmichael (Name)
(Name)
730 South Sterling Ave, Suite 108 Florida street address (P.O. Box NOT ACCEPTABLE)
Tampa, FL FL 33609 (City/State/Zip)

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 608, F.S.

Man Manuel (Signature)

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

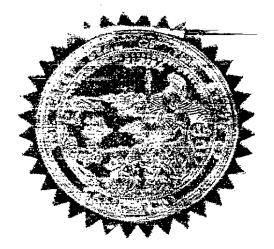
CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 25th day of May, 2000, VIRTUAL DIAGNOSTIC SERVICES, L.L.C., became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 26, 2003.

KEVIN SHELLEY Secretary of State