

MO4000000971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 12 AM 9:37

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MO4-971  
OK



February 12, 2004

State of Florida  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re.: **VyMed Diagnostic Imaging, LLC**

Dear Sir/Madam:

To register VyMed Diagnostic Imaging, LLC with the state of Florida, enclosed is the completed application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, the original certificate of Organization from the state of Georgia, and a check in the amount of \$125.00 for the filing fees

Thank you and please call me at 770 / 650-1389 if you have any questions

Sincerely,

A handwritten signature in black ink, appearing to read "WJ Duncan".

William J. Duncan, Ph.D.  
Chairman

04 MAR 12 / M 9:37  
RECEIVED  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 2, 2004

WILLIAM DUNCAN  
555 SUN VALLEY DRIVE, SUITE P-4  
ROSWELL, GA 30076

SUBJECT: VYMED DIAGNOSTIC IMAGING, LLC  
Ref. Number: W04000008628

We have received your document for VYMED DIAGNOSTIC IMAGING, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 004A00014051

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

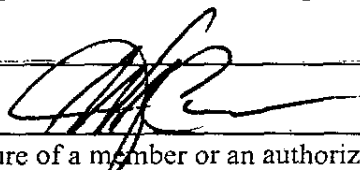
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. VyMed Diagnostic Imaging, LLC  
(Name of foreign limited liability company)
2. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 55-0854063  
(FEI number, if applicable)
4. 12/03/2003  
(Date of Organization)
5. 40 years  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. none yet  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 5081 Ortega Forest Drive  
Jacksonville, FL 32210  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:  
William J. Duncan, Ph.D. 555 Sun Valley Drive Ste P-4 Roswell, GA 30076
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: Medical development  
and management.

  
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.)

William J. Duncan, Ph.D.

Typed or printed name of signer

FILED  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA  
MAR 12 AM 9:37

**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.

1. The name of the Limited Liability Company is:

VyMed Diagnostic Imaging, LLC

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

Donald Ward

(Name)

5081 Ortega Forest Drive

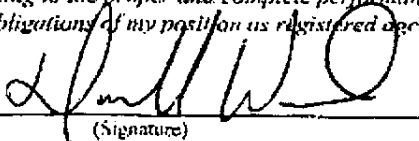
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Jacksonville

FL 32210

(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.*

  
(Signature)

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

SECRET  
TALLAHASSEE, FLORIDA

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**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

CONTROL NUMBER : 0367199  
DATE INC/AUTH/FILED: 12/03/2003  
JURISDICTION : GEORGIA  
PRINT DATE : 03/10/2004  
FORM NUMBER : 211

VYMED DIAGNOSTIC IMAGING  
WILLIAM J. DUNCAN, PH.D.  
555 SUN VALLEY DRIVE SUITE P-4  
ROSWELL, GA 30076

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

**VYMED DIAGNOSTIC IMAGING, LLC**  
**A GEORGIA LIMITED LIABILITY COMPANY**

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above, or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040310154228107



*Cathy Cox*

Cathy Cox  
Secretary of State