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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

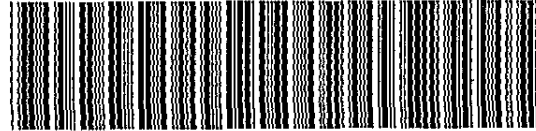
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

3/15/04
CHS

SOUTH FLORIDA TAX
1514 NORTH DIXIE HIGHWAY
HOLLYWOOD, FLORIDA 33020
TEL (954) 342-4044
FAX (954) 342-8171

January 12, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: National Diagnostic Services LLC
Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida

Dear Sir/Madam:

Enclosed herewith please find the following:

1. Original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with attached original Certificate of Good Standing from the State of Delaware (dated within 90 days) and original Certificate of Designation of Registered Agent/Registered Office.
2. Check made payable to Department of State for \$155.00 to cover the filing fees and a certified copy for the document.
3. Please return the certified copy to:

South Florida Tax
1514 North Dixie Highway
Hollywood, FL 33020

I thank you in advance for your prompt attention to and anticipated cooperation in this matter. Of course, if you have any questions, please do not hesitate to contact me at any time.

Very truly yours,

SOUTH FLORIDA TAX

By: _____
Scott E. Ikin
President

Enclosures: As stated above

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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. NATIONAL DIAGNOSTIC SERVICES LLC
(Name of foreign limited liability company)

2. DELAWARE 3. 20-0193375
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. SEPTEMBER 3, 2003 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. JANUARY 15, 2004
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 450 NE 20TH STREET, SUITE 113
BOCA RATON, FL 33431
(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:

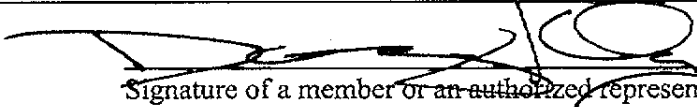
DOUGLAS KELLY

450 NE 20TH STREET, SUITE 113

BOCA RATON, FL 33431

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 DIAGNOSTIC SERVICES AND RELATED MATTERS


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.)

DOUGLAS KELLY

Typed or printed name of signee

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

1. The name of the Limited Liability Company is:

NATIONAL DIAGNOSTIC SERVICES LLC

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

SCOTT E. ITKIN

(Name)

1514 NORTH DIXIE HIGHWAY

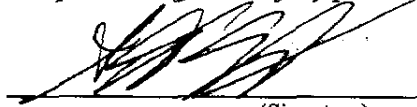
Florida street address (P.O. Box **NOT** ACCEPTABLE)

HOLLYWOOD

FL 33020

(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)

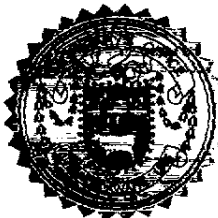
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Delaware

The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL DIAGNOSTIC SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF DECEMBER, A.D. 2003.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State