

MD4000005011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

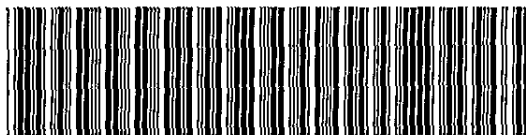
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/17
KAB



100042233591

11/17/04--01006--005 **155.00

Office Use Only

This is a "Series LLC" from Delaware. The "parent" entity is VERTICAL PLUS MRI of AMERICA, LLC. This name is cross-referenced on the Divisions records with the "series" name as the name used to transact business in Florida. This will assure clear & accurate info on our records. 11/17/04

LAW OFFICES
ARNSTEIN & LEHR LLP

2424 N. FEDERAL HIGHWAY, SUITE 462
BOCA RATON, FLORIDA 33431-7746
(561) 322-6900

FAX (561) 322-6940

FOUNDED 1893

Scott R. Austin
(561) 322-6920
sraustin@arnstein.com

MIAMI, FLORIDA
WEST PALM BEACH, FLORIDA
CHICAGO, ILLINOIS
HOFFMAN ESTATES, ILLINOIS
MILWAUKEE, WISCONSIN

October 25, 2004

Karen Beyer
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, Florida 32399


Re: Authorization For Authorization to Transact Business in Florida

Dear Karen:

Enclosed please find the above referenced application for Vertical Plus MRI of America, LLC, Series 7 (Sarasota, Florida) to obtain a Certificate of Authority to transact business in Florida. Also enclosed is Check No. 1210 in the amount of \$155.00 to pay the filing fee and obtain a certified copy of same.

If you have any questions regarding the enclosed, please do not hesitate to contact me directly at the number referenced above.

Very truly yours,



Scott R. Austin, Esq.

SRA/mak
Enclosure
c: T. Conley, Esq.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vertical Plus MRI of America, LLC, Series 7 (Sarasota Florida)
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Scott R. Austin
(Name of Person)

Arnstein & Lehr LLP
(Firm/Company)

2424 N. Federal Highway, Suite 462
(Address)

Boca Raton, Florida, 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott R. Austin at (561) 322-6920
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Vertical Plus MRI of America, LLC, Series 7 (Sarasota Florida)
(Name of Foreign Limited Liability Company)

2. Delaware 3. 20-1591124
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 11, 2004 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 7222 S. Tamiami Trail, Units 107 & 108
Sarasota, Florida 34231
(Street Address of Principal Office)

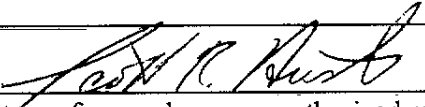
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Manager: Magnetic Partners, LLC , 480 Delaware Circle, Bolingbrook, Illinois, 60440

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 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.)

Scott R. Austin, Authorized Representative

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.

1. The name of the Limited Liability Company is:

Vertical Plus MRI of America, LLC, Series 7 (Sarasota Florida)

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

Arnstein & Lehr LLP, Attn: Scott R. Austin

(Name)

2424 N. Federal Highway, Suite 462

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Boca Raton,

FL 33431

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, Florida Statutes.


(Signature)

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

Delaware

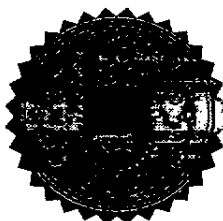
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERTICAL PLUS MRI OF AMERICA, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERTICAL PLUS MRI OF AMERICA, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3801715 8300

AUTHENTICATION: 3413731

040745766

DATE: 10-15-04