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ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 130.00

ORDER DATE: January 4, 2005

ORDER TIME : 10:14 AM

ORDER NO. : 123310-005

CUSTOMER NO: 7414046

CUSTOMER: Ms. Krickett Kean

Veridianhealth Llc 1650 Lake Cook Rd

Deerfield, IL 60015

#### FOREIGN FILINGS

NAME: DIAGNOSTICS UNLIMITED, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FL LIMITED LIABILITY COMPANY TO TRANSACT B	ORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FORER
	ORIDA STATUTES, THE POLITOWING IS SOMMITTED TO REGISTER A POREM USINESS IN THE STATE OF FLORIDA:
1. Diagnostics Unlimited, LLC	
,	oreign Limited Liability Company)
2. Illinois	3, 20-0384956
(Jurisdiction under the law of which foreign I company is organized)	imited liability (FEI number, if applicable)
4. 10-31-03	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. None	
(Date first transacte	ed business in Florida, if prior to registration.)  1 & 608.502 F.S. to determine penalty liability)
7. 707 Skokie Boulevard Suite	600
Northbrook, Illinois 60062	/A
	(Street Address of Principal Office)
8. If limited liability company is a mana	nger-managed company, check here 🗹
9. The name and usual business address	es of the managing members or managers are as follows:
Mitchell E. Rubin, 1650 Lake	Cook Road, Deerfield, IL 60015
	no more than 90 days old, duly authenticated by the official having custody of records i ed. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the transla	`
manifestory of the exercise tights could be the teather	and trials of santilitary
11. Nature of business or purposes to be	conducted or promoted in Florida:
billing for diagnostic services	
	Mille
Signature of a mer	mber or an authorized representative of a member,
(In accordance with sect	tion 608.408(3), F.S., the execution of this document constitutes
	s penalties of perjury that the facts stated herein are true,)
Mitchell E. Rul	DII

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:
Diagnostics	Unlimited, LLC
2. The name	and the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FL 32301 City/State/Zip
	Опутышы Дүр
liability compo agent and agre relating to the obligations of	named as registered agent and to accept service of process for the above stated limited any at the place designated in this certificate, I hereby accept the appointment as registered ee to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes.  I on for the company  (Signature)  Secretary  Alling 0.55,13ta 11 Secretary

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

#### File Number

0103776-5



#### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

DIAGNOSTICS UNLIMITED, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 31, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



### In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of 10TH the State of Illinois, this 2004 NOVEMBER day of

A.D.

SECRETARY OF STATE