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J. BRYAN 1 2 2005

Document Number Only		
C T CORPORATION SYSTEM		
Requestor's Name 660 East Jefferson Stre	et	JAN 12
Address Tallahassee, FL 32301 City State Zip	(850)222-1092 Phone	2005 JAN 12 PM 2: CO
,	ON(S) NAME	RION
<u>Ul+</u>	ra Imaging of Po	alm Harbor, LLC
() Profit () NonProfit	() Amendment	() Merger
H Limited Liability Compar H Foreign	() Dissolution/W	/ithdrawal () Mark
() Limited Partnership () Reinstatement () Limited Liability Partn	() Annual Repor () Reservation	rt () Other () Change of R.A. () Fictitious Name
Certified Copy	() Photo Copies	
() Call When Ready () Walk In () Mail Out	() Call if Probler () Will Wait	n () After 4:30 (x) Pick Up
Name Availability Document	1/12/05	PLEASE RETURN EXTRA COPY(S) FILE STAMPED
Examiner		THANKS CONNIE BRYAN
Updater Verifier		
Acknowledgment		
W.P. Verifier		

CR2E031 (1-89)

TRANSMIT	ITAL LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Ultra Imaging of Palm Harbor, LLC	
(Name of Limite	d Liability Company)
The enclosed "Application by Foreign Limited Liabil Florida," Certificate of Existence, and check are submitability company to transact business in Florida	lity Company for Authorization to Transact Business in nitted to register the above referenced foreign limited
Please return all correspondence concerning this matt	ler to the following:
Dora A. Bi	lackwood
(Name	lackwood e of Person) ent Services, L.P. Company)
HCA Manageme	ent Services, L.P.
	(Company)
One Parl	k Plaza
(A	ddress)
Nashville,	TN 37203
(City/State	and Zip Code)
For further information concerning this matter, please	e call:
Dora A. Blackwood	at (615) 344-2162
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of St	\$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy

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

		TO TOTAL OF THE TAXABLE AND THE	Section Caronin
N COMPLIANCE WITH SECTION 608503, FLOR LIMITED LIABILITY COMPANY TO TRANSACT BUS			HSTER A FOREI
	0.4500 BA 1145 015	III OF FEMALE	表 7
Ultra Imaging of Palm Harbor, LLC	eign Limited Liab	ility Company)	100 m
(Name of Fore	agn Lamaed Liao	mry Company)	1.00 T
Delaware	<u> </u>	38-3712610	200 %
(Jurisdiction under the law of which foreign lim company is organized)	ited hability	(FEI number, if applicable)	REGISTA
1. 12/02/2004	5	perpetual	·
(Date of Organization)		(Duration: Year limited liability company we exist or "perpetual")	ill cease to
5			
(Date first transacted (See sections 608.501 &	business in Florid & 608.502 F.S. to	a, if prior to registration.) determine penalty liability)	
7. One Park Plaza			······-
Nashville, TN 37203			
(S	treet Address of i	rincipal Office)	
3. If limited liability company is a manag	er-managed co	mpany, check here 🗷	
9. The name and usual business addresses	of the managi	ng members or managers are as follo	ws:
Marilyn B. Tavenner - One Park Plaza, Nashv	ille, TN 37203		
A. Bruce Moore, Jr., - One Park Plaza, Nashv	ille, TN 37203		
R. Milton Johnson - One Park Plaza, Nashvil	le, TN 37203		·
10. Attached is an original certificate of existence, no the jurisdiction under the law of which it is organized translation of the certificate under eath of the translat	i. (A photocopy is	not acceptable. If the certificate is in a foreign	
11. Nature of business or purposes to be a	conducted or pr	romoted in Florida: healthcare related by	usiness
(In accordance with section	on 608.408(3), F.S., penalties of perjury	orized representative of a member. the execution of this document constitutes that the facts stated herein are true.)	·

Typed or printed name of signee

FL057 - 08/03/04 C T System Online

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 nam	e of the Limited Liability Co	mpany is:		
Ul	ra Imaging of Palm Harbor, LLC			20 20 20 20 20 20 20 20 20 20 20 20 20 2
2. The nam	ne and the Florida street addre	ess of the registered a	agent and office are:	ALLAHA
	1	C T Corporation System		2 F
	:	(Name)		REPORT
	12	200 South Pine Island Ro	oad	2: 23 DRATIO FLORID
	, Florida Street	Address (P.O. Box NO)	CACCEPTABLE)	- OA O
	Plantation	FL	33324	
		Cîty/State/Zip		
	1			
liability con agent and a relating to	n named as registered agent a npany at the place designated agree to act in this capacity. I the proper and complete perfo of my position as registered ag	in this certificate, I he further agree to comp rmance of my duties, c gent as provided for in	reby accept the appo ly with the provisions and I am familiar with n Chapter 608, Florid	intment as registered s of all statutes h and accept the la Statutes.
Ву:	C.T.Corporation System		ell. Assistant Vice	•

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

(Signature)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ULTRA IMAGING OF PALM HARBOR, 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 ELEVENTH DAY OF JANUARY, A.D. 2005.

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

FILLEL

2005 JAN 12 PM 2: 23

2005 JAN 12 PM 2: 23

2017 JAN 12 PM 2: 23



Darriet Smith Vindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3611403

DATE: 01-11-05

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