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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	19/26/0501014008 **125.00	
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TO: Registration Section Division of Corporations	- · · · · · · · · · · · · · · · · · · ·
SUBJECT: VyMed Investments II, LLC	
	ted Liability Company)
	pility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Karen Duncan	05 OCT SECRES
(Nar	ne of Person)
VyMed Diagnostic Imaging, (Fire	LLC Processing Process
555 Sun Valley Drive Su	uite P-4
	Address)
Roswell Georgia 30076	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Karen Duncan	at (770) 650.1389
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum \frac{1}{2}\$125.00 Filing Fee \$\sum \text{Certificate of } \frac{1}{2}\$	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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

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

1.	VyMed Investments II, LLC (Name of Foreign Limited Liability Company)
	Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	9/26/2005 (Date of Organization) 5. 40 years (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	Jacksonville, FL 32204 (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, Suite P-4, Roswell, GA 30076 Donald Ward, 2365 Riverside Drive, Jacksonville, FL 32204
th). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in equivalent purposes in a foreign language, a instantion of the certificate under eath of the translator must be submitted.)
1	1. Nature of business or purposes to be conducted or promoted in Florida: Business development
	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 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:	
VyMed Investments II, LL	.C	<u> </u>
2. The name and the Florida street ad	dress of the registered agent and office are:	5 OCT 26 SECRATAS
Donald Ward	and the second s	SE R
	(Name)	FLORE 33. E
2365 Riverside	e Drive	S55
Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)	•
Jacksonville	FI 32204	

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.

City/State/Zip

(Signature)

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

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0565814
DATE INC/AUTH/FILED: 09/26/2005
JURISDICTION : GEORGIA
PRINT DATE : 10/10/2005

FORM NUMBER : 211

VYMED
KAREN DUNCAN
555 SUN VALLEY DRIVE #P-4
JACKSONVILLE, FL 32210

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

A GEORGIA-LIMITED LIABILITY COMPAN

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 pabove date and has hot 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.

20051010181600366



Cathy Cox Secretary of State