

2/9/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M07000003416

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000034927 3)))



H170000349273ABC0

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

17 FEB -6 AM 10:28

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STAT IMAGING SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$25.00

Requesting Original  
filing date of 2-6-17,  
thank you!

Requesting Original  
filing date of 2-6-17,  
thank you!

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

 Help  
FEB 10 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STAT Imaging Solutions, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanya R. Braga, Paralegal

\_\_\_\_\_  
Name of Person

Reinhart Boerner Van Deuren s.c.

\_\_\_\_\_  
Firm/Company

1000 North Water Street, Suite 1700

\_\_\_\_\_  
Address

Milwaukee, WI 53202

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya R. Braga

at ( 414 )

298-8354

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (9/15)

850-817-8381

2/7/2017 10:00:42 AM PAGE 1/001 Fax Server



February 7, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

STAT IMAGING SOLUTIONS, LLC  
N2273 BUTTERNUT ROAD  
WAUPACA, WI 54981

SUBJECT: STAT IMAGING SOLUTIONS, LLC  
REF: M07000003416

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H17000034927  
Letter Number: 317A00002404

P.O. BOX 6327 - Tallahassee, Florida 32314

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: STAT Imaging Solutions, LLC

Enter new principal office address, if applicable: N2273 Butternut Road

(Principal office address

MUST BE A STREET ADDRESS)

Waupaca, WI 54981

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

N2273 Butternut Road

Waupaca, WI 54981

2. The Florida document number of this limited liability company is: M07000003416

3. Jurisdiction of its organization: Wisconsin

4. Date authorized to do business in Florida: June 6, 2007

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: STAT Informatic Solutions, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 relative 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

17 FEB -6 AM 10:28

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

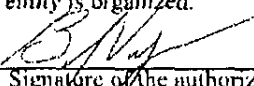
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Brian J. Verhagen, Manager

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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DFI/CORP/38  
RECORD 2011

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, David J. Duecker, Deputy Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared by me with the record on file in the Corporation Section of the Division of Corporate & Consumer Services of this department and that the same is a true copy thereof and the whole of such record; and that I am the legal custodian of said record, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department.

A handwritten signature in black ink, appearing to read "David J. Duecker".

DAVID J. DUECKER, Deputy Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

DATE: 2/9/2017

BY: Jennifer Rott

12/13/2015 16:44 4142988097

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State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

ONLINE  
PMT

**FILING FEE \$40.00**  
☒ **OPTIONAL EXPEDITED SERVICE \$25.00**

FORM **504**

### Limited Liability Company Articles of Amendment

Chapter 183.0703 Wis. Stats.

- Name of limited liability company: STAT Imaging Solutions, LLC
- The Text of Amendment to the articles of organization amends:
  - ☒ Name of Limited Liability Company: STAT Informatic Solutions, LLC  
(New Name of LLC)
  - ☐ Street address of the Registered Office: \_\_\_\_\_  
(Street Address)
  - \_\_\_\_\_  
(City, State and Zip Code)
  - ☐ Name of the Registered Agent at that office: \_\_\_\_\_  
(Name)
  - ☐ The Management of the Limited Liability Company:
    - ☐ Vested in Members
    - ☐ Vested in Managers
- Amendment(s) to the Articles of Organization was adopted by the vote required under s. 183.0404 (2). ☒ Yes ☐ No
- This document was drafted by: Larri Broomfield, Esq.
- This document was executed on behalf of the limited liability company on: 11/21/2016  
(MM/DD/YYYY)  
Brian Verhagen  
(Print name of individual who executed)  
Check one title: ☒ Manager ☐ Member ☐ Attorney-in-Fact  
Brian J. Verhagen  
(Signature of individual who executed)

Submit this form along with the non-refundable filing fee of \$40.00 to the address listed below. Make remittance payable to the Department of Financial Institutions.  
The non-refundable expedited service fee of \$25.00 is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner.  
For answers to frequently asked questions, please see: [Form 504 Instructions](#)

**Mailing Address:**

Box 62308  
Madison WI 53703-0308

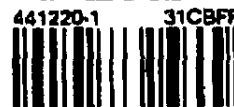
**Physical Address for Service Mail/Courier:**  
Department of Financial Institutions  
Division of Corporate & Consumer Services  
Madison WI 53703

**Contact Information**  
Phone: 608-261-7877  
Web: [www.dfi.wisconsin.gov](http://www.dfi.wisconsin.gov)  
TTY: 731



DF/CORP/504 (02/15)

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State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

**FILING FEE \$40.00**  
OPTIONAL EXPEDITED  
SERVICE + \$25.00

**OPTIONAL**

6. State the delayed effective date of the articles of amendment under s. 183.011(2).

This document has a delayed effective date of:

12/20/2016

(MM/DD/YYYY)

7. Contact information:

Tanya R. Braga, Paralegal

(Name)

1000 North Water Street, Suite 1700

(Address)

Milwaukee, WI 53202

(City, State and Zip Code)

(414) 298-8354

(Phone Number)

tbraga@reinhardtaw.com

(Email Address)

**SAVE TIME AND MONEY!**

**SUBMIT YOUR**

**AMENDMENT ONLINE AT**

**[www.wdfi.org](http://www.wdfi.org)**

Submit this form along with the non-refundable filing fee of \$40.00 to the address listed below. Make remittance payable to the Department of Financial Institutions. The non-refundable expedited service fee of \$25.00 is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. For answers to frequently asked questions, please see: [Form 504 Instructions](#)

**Mailing Address:**

Box 93348

**Physical Address for Express Mail/Courier**

Department of Financial Institutions  
Division of Corporate & Consumer Services

Madison WI 53709

**Contact Information**

Phone: 608-261-7377

Web: [www.wdfi.org](http://www.wdfi.org)



DFI/CORP/504 (02/15)

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OFFICE USE ONLY



12/28/2016 16:24 4142988897

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DO NOT STAPLE

Ss. 178.50,  
180.0124, 181.0124  
& 183.0112  
Wis. Stats.

ORIGINAL  
PYMT

State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

**FILING FEE**  
OPTIONAL EXPEDITED  
SERVICE

See Page 3  
for filing fee  
+ \$25.00



## ARTICLES OF CORRECTION

1. STAT Informatic Solutions, LLC  
(Name of the corporation, limited liability company, or limited liability partnership before any correction that may be affected by these articles of correction)
2. Articles of Amendment (filed with the Department of Financial  
(Describe the document)

Institutions on December 14, 2016 (date) was

☒ Incorrect at the time of filing (Complete items 1, 2, 3, 4  
& 6)

☐ Defectively executed (Complete items 1, 2, 3 & 5)

☐ Defective in attestation, seal, verification or  
acknowledgment (Complete items 1, 2, 3 & 6)

(X) Check any that apply

3. Describe the defect(s): (Specify the incorrect statement and the reason why it is incorrect, or the manner in which the execution is defective.)

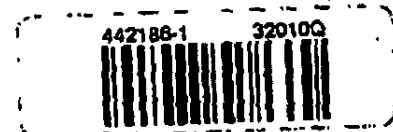
In Article 6 the incorrect delayed effective date of December 20, 2016 was inserted.

4. Enter the statement in its corrected condition:

6. State the delayed effective date of the articles of amendment under s.183.0111(2).

This document has a delayed effective date of: January 1, 2017.

DF/CORP/53 (04/15)



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## 4. Enter the statement in its corrected condition (cont'd):

## 5. Make the corrected execution:

Executed on \_\_\_\_\_

(Date)

(Signature)

Select and mark (X) below the appropriate title of the person executing the document.

(Printed name)

For a corporation

Title: ☐ President ☐ Secretary

or other officer title \_\_\_\_\_

OR ☐ Incorporator

For a limited liability company

Title: ☐ Member ☒ Manager OR ☐ Organizer

For a limited liability partnership

Title: ☐ Partner6. Executed on 12/19/2016

(Date)

(Signature)

Select and mark (X) below the appropriate title of the person executing the document.

Brian Verhagen

(Printed name)

For a corporation

Title: ☐ President ☐ Secretary

or other officer title \_\_\_\_\_

For a limited liability company

Title: ☐ Member OR ☒ Manager

For a limited liability partnership

Title: ☐ Partner

This document was drafted by \_\_\_\_\_

Larri Broomfield, Esq.

(Name the individual who drafted the document)

12/28/2016 16:24 4142988897

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**ARTICLES OF CORRECTION**

「 Tanya R. Braga, Paralegal  
Reinhart Boerner Van Deuren s.c.  
1000 North Water Street, Suite 1700  
Milwaukee, WI 53202

▲ Enter your return address within the bracket above.

Phone number during the day: ( 414 ) 298 - 8354

PAGE 717 RECD 12/28/2016 3:11:46 PM [Central Standard Time] PLO 082878813