1970000000005271

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H07000250677 3)))



H070002508773ABC1

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 : (850)222-1092 Fax Number : (850)878-5926

RECEIVED
7 OCT -9 PH 3: 18
SECREMAN OF STATE

LORIDA/FOREIGN LIMITED LIABILITY CO.

West Boynton Beach Open Imaging Center, LLC

Certificate of Status	Û	
Certified Copy	1	
Page Count	04	
Estimated Charge	\$155.00	

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/04

#8 8202227615 CT

10/9/2002 87:41 2002/60/91 10 2007

CI CORP

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: West Boynton Beach Open Imaging Center, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L1.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 include "Limited Liability Company," "L.L.C.," "LLC.") 2. Delaware Applied for (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 10/02/2007 Perpetual (Date of Organization) (Digration: Your limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 503.501 & 603.502 F.S. to determine penalty liability) One Park Plaza Nashville, TN 37203 (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: A. Bruce Moore, Jr., One Park Plaza, Nashville, TN 37203 R. Milton Johnson, One Park Plaza, Nushville, TN 37203 R. Samuel Hankins, Jr., One Park Plaza, Nashville, TN 37203 10. Attached is an original cartificate 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 contificate is in a fineign language, a translation of the certificate under oath of the translator (rust be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Healthcare related business Signature of a member or an authorized representative of a member. (In secondance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the puralties of perjury that the facts stated herein are true.) Dors A. Blackwood, Authorized Representative of Member Typed or printed name of signee 91.057 - 0.029/2007 CT System Ctd

/ZZZQ98 8p:bl /002/60/01

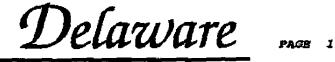
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:

	West Boynton	Bouch Open Imaging	Contex, LLC	
If name unavailable, th	e alternate name to be	s used in the state	of Florida is:	
2. The name and the F	lorida street address o	of the registered s	gent and office are:	
	ст	Corporation System		
		(Name)		
	1200 8	South Pine Island Ros	đ	
<u></u>	Florida Street Add	reas (P.O. Box <u>NOT</u>	ACCEPTABLE)	
	Plentation	FT.	33324	
·	· <u>L</u> ,,,	City/State/Zip		
agent and agree to act i relating to the proper a obligations of my positi CT Co By:	n this capacity. I furthed complete performation as registered agent persited bysions.	her agree to compl nce of my duties, a as provided for in	reby accept the appointment as y with the provisions of all stat and I am familiar with and acce Chapter 608, Florida Statutes uniter F. Aukman sistant Secretary	rutes opt the
	\$ 100.00 \$ 25.00 \$ 30.00	•	Registered Agent	SECRUTA DIVISION OF 07 OCT -

10/03/2002 Id:48 850222075



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "WEST BOYNTON BEACH OPEN IMAGING CENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2007.

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

071091468



AUTHENTICATION: 6055402

DATE: 10-05-07

10/09/2007 14:48 8502227515

CI CORP