

Electronic Filing Cover Sheet

Public Access System

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.

(((H080001713273)))



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 : AKERMAN SENTERFITT (JACKSONVILLE)

Account Number : 105543000740

Phone

: (904)798-3700

Fax Number

: (904)798-3730

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SELECTMRI ACQUISITION, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	03_	
Estimated Charge	\$125.00	

A. LUNT

JUL 15 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SELECTMRI ACQUISITION, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack a copy of the writtee consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
DELAWADE
(Jurisdiction under the law of which foreign limited liability (FRI number, if applicable)
4. January 11, 2008 s. Perpetual (Date of Organization) s. Perpetual (Duration: Year Highled Hability company will coase to
estat de "nemetralia"
6 January 28, 2008
(Date first transacted business in Florida, if prior to registration.) (See accitons 608.501 & 608.502 F.S. to determine penalty liability)
7, 2711 Centerville Road, Suite 400
Wilmington, Delaware 19808
(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:
M S C - Medical Services Company
841 Prudential Drive, Ste. 900
Jacksonville, Florida 32207
10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records it the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a translation of the certificate under cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful
business permitted under the laws of the State of Florida
July P. Delany
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 projuny that the facts stated herein are true.)
Joseph Delaney, President and CEO
Typed or winted name of signes

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:	
SELECTMRI ACQUISITION, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	SECRETARY TALLAHASSEE
CorpDirect Agents, Inc.	ARC T
(Nane)	ARY SSE
515 East Park Avenue	
Fiorida Street Address (P.O. Box NOT ACCEPTABLE)	F (7)
Tallahassee, FL 32301 FL	8: 46 TATE ORIDA
City/State/Zip	— -

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.

\$ 100.00

Filing Fee for Application

\$ 25.00

Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

H080001713273

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SELECTMRI ACQUISITION, 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 JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SELECTMRI ACQUISITION, LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2008.

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

TALLAHASSEF F. STATE

4488359 8300

080777926

You may verify this certificate only

Variet Smith Hindren

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6722443

DATE: 07-11-08