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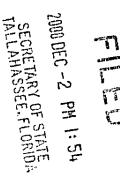
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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2008

NADIE JEAN-CHARLES PO BOX 195365 WINTER SPRINGS, FL 32719

SUBJECT: PRORAD IMAGING, PLLC

Ref. Number: W08000047811

We have received your document for PRORAD IMAGING, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

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

If you have any questions concerning the filing of your document, please cal (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 508A00054161

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRORAD IMAGING PLLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Nadie Jean-Charles MD (Name of Person)
PRORAD IMAGING PLLC 产的量
PRORAD INAGING PLLC (Firm/Company) PO 804 195365 (Address) (Address)
(Address) Winter Springs FL 32719 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (407) 977-5427 (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: \$\square\$\frac{1}{2}\$\$125.00 Filing Fee \$\square\$

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:

Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
If the state of th	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writensent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	ue
2. New York (Jurisdiction under the law of which foreign limited liability company is organized) 3. Tax 17 = 26 -0189104 (FEI number, if applicable)	
(Date of Organization) 5. Description: Year limited liability company will cease to exist or "nernetual")	
5. 7/8/08 PER B	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7. 901 Kim Court SSS	T
Winter Grings, FL 32708 To The Street Address of Principal Office)	ggeld Savor
3. If limited liability company is a manager-managed company, check here	
O. The name and usual business addresses of the managing members or managers are as follows:	
Nadie Jean-Charles, m	
901 Kin Court	
Winter Spring, FL 32708	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)	s it
1. Nature of business or purposes to be conducted or promoted in Florida: Physician	
Teleradiology penices.	
Madie Ju Charle, By	
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.)	
NADIE Jean-Charles MD	
Typed or printed name of signee 1	

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: PROPAD IMAGING, PLLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
NADIE JEAN-CHARLES, MA PLLC	
2. The name and the Florida street address of the registered agent and office are: Vadie Tear-Charle M 1885	7000 DEC -2 PM 1:54

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.

h Carle 13
(Signature)

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

State of New York Department of State } ss:

I hereby certify, that PRORAD IMAGING, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/08/2007, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of September two thousand and eight.

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