Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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Phone : (850)222-1092 Fax Number : (850)878-5368

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Foreign Limited Liability Company mdINR, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

EXAMINER

COVER LETTER

SUBJECT: _	Naw	rodINR, LLC ne of Limited Liability Company		
man i di		• • •		
Existence, and	Application by Foreign Limited Liabi check are submitted to register the ab	lity Company for Authorization to Transact Business in Flor ove referenced foreign limited liability company to transact i	ida," Cortificate of business in Florida.,	
	Il correspondence concerning this mat		• •	
		Paul Gabos		
		Name of Person		
	mdINR, LLC		7A 28	
		Firm/Company	2010 APR SECTETA TALLAHA	-7
	19387 US 19 North		DIO APR 16 SECRETAR'S	A STATE OF THE STA
		Address	16 ARY SSE	15.43
	Clearwater, F1. 33764	· · · · · · · · · · · · · · · · · · ·	- CRA 99	¹ 3
		City/State and Zip Code	SYATE SYATE LORIDA	
	E-mail address: (to	be used for future annual report notification)	_	
Par further info	rmation concerning this matter, please	cull:		
	T Corporation System Name of Person	at (800) 432-3434 Area Code & Daytime Telephone Number	_	
54177	,,	•		
Divisio	n of Corporations	STREET ADDRESS: Division of Corporations		
		Registration Section		
	ssee, FL 32314 2	Clifton Building 2661 Executive Center Clrule		
	1	Failahassee, FL 32301		
Enclosed is a	check for the following amount:	:		
[X] ₈₁₂₉	.00 Filing Fee 5130,00 Filing F	es & S155.00 Filing Fee & S160.00 Filing Fee,	Cartificate	
[天]] 祖 1 章=	Certificate of S			

2,037 - №06/2003 C T System Ordina

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: mdINR, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavoilable, 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 02/18/09 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. n/a (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 19387 US 19 North Clearwater, FL 33764 (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: John Byrnes, Manager, 19387 US 19 North, Clearwater, FL 33764 Shawn Schabel, Manager, 19387 US 19 North, Clearwater, FL 33764 Paul Gabos, Managor, 19387 US 19 North, Clearwater, FL 33764 10. Attached is an original certificate 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 certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida; independent diagnostic testing services Signature of a member or an authorized representative of a member. (In pacordance 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.) Paul Gabos, Manager Typed or printed name of signee

PLUST - UMIGNESS CT System Called

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.

	<u> </u>	mdINR, LLC	
If unavailable, the alter	nate to be used in the	state of Florida is:	
2. The name and the Fl	orida street address o	of the registered agent and office are:	
C T Corporation System			26 TA
		(Name)	
	1200 S	outh Pine Island Road	APR 16 RETARY AHASSE
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324	AN 80 PEOGRAPHICAL AND AN AND AND
		City/State/Zip	M & 41 FLORIDA
liability company at the p agent and agree to act in relating to the proper and	place designated in the this capacity. I furth d complete performan	accept service of process for the above is certificate, I hereby accept the appoin er agree to comply with the provisions o oe of my duties, and I am familiar with a us provided for in Chapter 608, Florida	timent as registered of all statutes and accept the

By: CANCIANA (Signature)

Barbara A. Burke Special Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HERBY CERTIFY "MDINR, 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 EIGHTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FORTHER CERTIFY THAT THE ANNUAL TAXES BAYE NOT BEEN ASSESSED TO DATE.

2010 APR 16 AM 8: 41

4656552 8300

100365468

You may verify this certificate only at corp, delawars, gov/authwer, shiml

AUTHENTICATION: 7921001

DATE: 04-08-10