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**EXAMINER** 

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations			
SUBJECT: Healthscan Imaging, LI	LC		
	e of Limited Liability Company		
	lity Company for Authorization to Transact Business in Floridation ove referenced foreign limited liability company to transact business.		
Please return all correspondence concerning this mat	ter to the following:		
Ellen Ford			
	Name of Person	-	
Healthscan Imaging LLC			
	Firm/Company	•	
2525 Bell Road		_	
	Address		
Montgomery, AL 36117	Ž.	, 2	
	City/State and Zip Code		Eiden v
eford.healthscan@gma	ail.com		-market
E-mail address: (to	be used for future annual report notification)	0	generati.
For further information concerning this matter, please	e call: من المناطقة	2011 JUN 10 PH 1: 15	
Ellen Ford	at (334 ) 612-7703		The same
Name of Person	Area Code & Daytime Telephone Number	- <del>en</del>	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amoun \$125.00 Filing Fee Certificate of Statu	& \$\Bigs\\$155.00 Filing Fee & \$\Bigs\\$160.00 Filing Fee, Certific		

#### 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:

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	Healthscan Imaging, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writnesent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")	tei
(	State of Alabama  [Jurisdiction under the law of which foreign limited liability company is organized)  3. 20-8145187  [FEI number, if applicable]	
4.	January 3, 2007  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	2525 Bell Road	- tug
	Montgomery, AL 36117	- 
8.	(Silect Address of Timelpar Office)	PERMIT
9.	The name and usual business addresses of the managing members or managers are as follows:  Brian Welch - 2525 Bell Road, Montgomery, AL 36117	
	Jeffrey Welch - 2525 Bell Road, Montgomery, AL 36117	
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida: diagnostic imaging	i in
-	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Brian Welch	

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROMISIONS 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.

Healthscan Imag	ate to be used in the state of Florida is:	
ir diavallable, the alteria	ace to be ased in the state of Piorida is.	
2. The name and the Flor	rida street address of the registered agent and office are:	**************************************
Mike Bio	ckers	
	(Name)	201 SE
553 Wh	nitfield Road	LAHASSI
	Florida Street Address (P.O. Box <u>NOT</u> ACCEPTABLE)	land.
Freepo	ort <sub>FL</sub> 32439	
-	City/State/Zip	I: 1.6 TATE ORIDA
liability company at the placement and agree to act in trelating to the proper and	gistered agent and to accept service of process for the abortace designated in this certificate, I hereby accept the apporthis capacity. I further agree to comply with the provisional complete performance of my duties, and I amfamiliar with as registered agent as provided for in Chapter 608, Floria	intment as registered s of all statutes handaccept the

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

Beth Chapman Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that HealthScan Imaging, L.L.C. was formed in Montgomery County, Alabama on January 3, 2007. The Alabama Entity Identification number for this entity is 488-187. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20110608000002619

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

6/8/2011

Date

Beth Chapman

Beth Chapman

Secretary of State