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B. BOSTICK
AUG 2 2 2011
EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations	. થ							
SUBJECT: Source Diagnostics of Florida, LLC								
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	s matter to the following:							
Reginald Jordan								
	Name of Person							
Walter & Haverfield LL								
	Firm/Company							
1301 East Ninth Stre	et, Suite 3500							
-	Address	_						
Cleveland, Ohio 4411	4	_						
	City/State and Zip Code							
rjordan@walterhav.com \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
E-mail addre	ss: (to be used for future annual report notification)	- - - - -	-u					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:								
Reginald Jordan	_{at (} 216 ₎ 619-7846							
Name of Person	Area Code & Daytime Telephone Number)					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	PP 4:						
Enclosed is a check for the following amount: \$\sqrt{125.00 Filing Fee} \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certified Copy} \$\sqrt{155.00 Filing Fee & Certified Copy} \text{S160.00 Filing Fee, Certificate of Status} \text{Certified Copy}								

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:

1.	Source Diagnostics of Florida, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	-		
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Impany," "L.L.C," "LLC.")			
2	Ohio 3.	_		
((Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)			
4.	August 2, 2011 5, perpetual			
	(Date of Organization) (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.	5275 Naiman Parkway, Suite E	_		
	Solon, Ohio 44139 (Street Address of Principal Office)	erret m		
	(Street Address of Timelpar Office)	CONTEST.		
	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:	401		
Kathy Barry, 5275 Naiman Parkway, Suite E, Solon, Ohio 44139				
		-		
		-		
the	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptrisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under eath of the translator must be submitted.)	ords in		
11	. Nature of business or purposes to be conducted or promoted in Florida: Provide portable x-ray	-		
	services. The company will not provide or contract with others to provide the practice of medicine	.•		
	& she			
	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.)			

J. Ryan Williams, Authorized Representative

Typed or printed name of signee

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 Com	pany is:	
Source Diagnostics of Florida	a, LLC	
If unavailable, the alternate to be used in the	he state of Florida is:	
2. The name and the Florida street address	s of the registered agent and office are:	
NRAI Services, Inc.		11 AUG
	(Name)	10 To 10
515 East Park Aven	ue	C
Florida Street A	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	
Tallahassee	FL 32301	PH 4: 00
-	City/State/Zip	- ン

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)

United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SOURCE DIAGNOSTICS OF FLORIDA, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2038706, was organized within the State of Ohio on August 02, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.

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SELNE ASSESSED FI ORIDA



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of August, A.D. 2011

Ohio Secretary of State

Validation Number: V2011234A1703C