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DEPARTMENT OF STAT

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IUN SERVICE CUMPANT					
	ACCOUNT NO.	:	I20000001	95	
	REFERENCE	:	696424	109186B	
	AUTHORIZATION	:	Smell of	ena	
	COST LIMIT	:	. 1 %	- 1000	
ORDER DATE : Ju	ine 20, 2013				
ORDER TIME : 3	3:03 PM				
ORDER NO. : 69	96424-005				5800 23
CUSTOMER NO:	109186B				
		- - -			
	FOREIGN FI	LI	<u>NGS</u>		
NAME:	LAKE WALES IMA	\GII	NG CENTER, 1	TLC	9: 6
XXXX QUALIFICAT	CION (TYPĖ: <u>LI</u>	<u>,</u>)			
PLEASE RETURN TH	IE FOLLOWING AS	PRO	OF OF FILI	NG:	
	ED COPY TAMPED COPY TATE OF GOOD STA	ND]	ING		
CONTACT PERSON:	Susie Knight -	- I	EXT# 52956		
		I	EXAMINER:		

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 RESIDESS IN THE STATE OF FLORIDA:

Lake Wales Imaging Center, LLC (Name of Foreign Limited Liability Company; must	inclu	ude	"Limited Liability Company," "L.L.C.	" or "LLC.")	
N/A			• • • •	ĺ	
(If name unavailable, enter alternate name adopted for the p consent of the managers or managing members adopting the Company," "L.L.C," "LLC.")					
2. Delaware	3	3.	46-3002457		
(Jurisdiction under the law of which foreign limited liabil company is organized)	ity		(FEI number, if applicab	le)	
June 14, 2013	5	5.	perpetual		
(Date of Organization)			(Duration: Year limited liability compexist or "perpetual")	oany will cease	to
6. upon filing					
(Date first transacted business i (See sections 608.501 & 608.502	n Flo F.S.	ori . to	da, if prior to registration.) o determine penalty liability)	F-12	225
7. 4000 Meridian Blvd., Franklin, TN 37067				r	دين نيز ي
					<u> </u>
(Street Add	ress (of	Principal Office)	<u> </u>	
3. If limited liability company is a manager-mana	ged (co	ompany, check here		æ ₹
O. The name and usual business addresses of the r	nana	ag	ing members or managers are as	follows:	<u></u>
Martin G. Schweinhart - 4000 Meridian Blvd., Fran	klin,	, T	N 37067		
W. Larry Cash - 4000 Meridian Blvd., Franklin, TN	370)67	7		
Rachel A. Seifert - 4000 Meridian Blvd., Franklin, T	ΓN 3	370	067		
10. Attached is an original certificate of existence, no more that he jurisdiction under the law of which it is organized. (A phot ranslation of the certificate under oath of the translator must be	осор	ру	is not acceptable. If the certificate is in a		
1. Nature of business or purposes to be conducte	d or	r p	romoted in Florida: Healthcare s	ervices	<u></u>
Rob Ce					 •
Signature of a member or an (In accordance with section 608.408(3), F.S., the			orized representative of a membe		
penalties of perjury that the facts stated herein a					

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Robin Keck - Authorized Representative

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.

	of the Limited Liability	Company is:		
Lake Wales Im	aging Center, LLC			
If unavailable	, the alternate to be used	in the state of Florida is:		
2. The name	and the Florida street ad	dress of the registered agent and office are:	<u> </u>	Page 1
	Corporation Service C	ompany	77 (77) 374 (81) 271 (77)	
	***************************************	(Name)		2 0
	1201 Hays Street		171	3.00
	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	-	ب
	Tallahassee	FL 32301	<u> </u>	<u>a</u>
		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.

Corpora By:	tion	Service Company
		(Signature)

\$ 1	100.00	Filing Fee for Application
\$	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
\$	5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LAKE WALES IMAGING CENTER, 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 TWENTIETH DAY OF JUNE, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE WALES IMAGING CENTER, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2013.

5351741 8300

130797632

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 0528133

DATE: 06-20-13

You may verify this certificate online at corp.delaware.gov/authver.shtml