

W14000006585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

PO9-32025

(Document Number)

Certified Copies _____ Certificates of Status _____

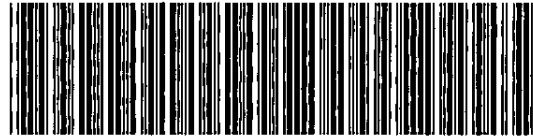
Special Instructions to Filing Officer:

SEP 15 2014

A. LUC

W14-47005

Office Use Only



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2014 SEP -8 PM 2:21
CLERK OF SUPERIOR COURT
JULIA H. ROBERTSON, CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2014

BRADLEY R. BROBECK, M.D.
ATTN: RADIOLOGY DEPT.
1000 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547-6708

SUBJECT: COASTAL RADIOLOGY ASSOCIATES, LLC
Ref. Number: W14000047009

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

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 514A00016449

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coastal Radiology Associates, 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 matter to the following:

Bradley R. Brobeck

Name of Person

Attn: Radiology Dept.

Firm/Company

1000 MAR-WALT Drive

Address

Fort Walton Beach, FL 32547-6708

City/State and Zip Code

bradbrobeck@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Kirwan

Name of Contact Person

at (**407**)

Area Code

210-6622

Daytime Telephone Number

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 amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Coastal Radiology Associates, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-4653361

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 MAR-WALT Drive, Fort Walton Beach, FL 32547

Attn: Radiology Dept.

(Street Address of Principal Office)

6. 1000 MAR-WALT Drive, Fort Walton Beach, FL 32547

Attn: Radiology Dept.

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Bradley R. Brobeck, M.D., Manager: 1000 MAR-WALT Drive, Fort Walton Beach, FL 32547

Craig Cazenave, M.D., Manager: 1000 MAR-WALT Drive, Fort Walton Beach, FL 32547

8. 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)


Signature of an authorized person

(In accordance with section 605.0203, 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.)

Bradley R. Brobeck, M.D.

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Coastal Radiology Associates, LLC

If unavailable, the alternate to be used in the state of Florida is:

Coastal Radiology Associates o□Florida, LLC

2. The name and the Florida street address of the registered agent and office are:

Bradley R. Brobek, M.D.

(Name)

1000 MAR-WALT Drive

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Fort Walton Beach

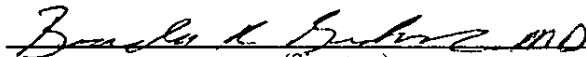
32547

FL

City/State/Zip

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TALLAHASSEE, FLORIDA

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 605, Florida Statutes.


(Signature)

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COASTAL RADIOLOGY ASSOCIATES, 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 SEVENTH DAY OF JULY, A.D. 2014.

5557487 8300

140924395

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1512979

DATE: 07-07-14