N200001140

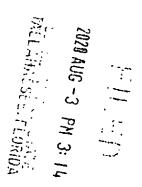
(Requestor's Name)				
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nan	ne)		
(D	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





000349051170

08/03/20--01021--015 **130.00



US/8/18

COVER LETTER

ť,

. *j*ä

lication by Foreign Limited Liability	ne of Limited Liability Company Company for Authorization to Transact But referenced foreign limited liability company to the following: Name of Person		
lication by Foreign Limited Liability k are submitted to register the above rrespondence concerning this matter larcy Minocchi	Company for Authorization to Transact Bu referenced foreign limited liability compar to the following:		
ck are submitted to register the above rrespondence concerning this matter farcy Minocchi	ereferenced foreign limited liability comparto the following:		
1arcy Minocchi			
	Name of Person		
Captive Radiology, LLC	Name of Person		
Captive Radiology, LLC			
		2020 AUS	
· · · ·	Firm/Company	AUS	* 4
273 Frank Ave. NW		$\psi_{ij} = \omega$	
	Address	P 2	ند. با ز : :
Forth Canton, Ohio 44720		SS = 2	.,
	City/State and Zip Code	٠,٠	
rcy@captiveradiology.com			
E-mail address: (to b	be used for future annual report notification)	
tion concerning this matter, please co	all:		
nocchi	330 966-0506		
Name of Contact Person		ephone Number	
ddress: ion Section of Corporations : 6327 see, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810	
	rey@captiveradiology.com E-mail address: (to be tion concerning this matter, please conocchi Name of Contact Person of Corporations (6327) see, FL 32314 s a check for the following amount: see check payable to: FLORIDA DE	City/State and Zip Code rcy@captiveradiology.com E-mail address: (to be used for future annual report notification tion concerning this matter, please call: nocchi Name of Contact Person Name of Contact Person Registration Section of Corporations Coff Corpor	Address City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: nocchi Name of Contact Person Street Address: ion Section of Corporations ion Section Of Corporations City/State and Zip Code Tallahassee Street Address: The Centre of Tallahassee See, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 s a check for the following amount: see check payable to: FLORIDA DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Captive Radiology, LL							
(Name of Foreign	Limited Liability Company, must include "Limite	d Liabdit	y Compa	ny," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida The	alternate i	tame must include "Limited Lia	hility Company	,""1.1.C,	' or "LLC "
Ohio 2.		2					
Unrisdiction under the law of w	hich foreign limited liability company is organized)	3.		(FIII numbe	r, if applicable)	202	
August 10, 2020					<u>.</u> :	2020 AUG	
	(See sections 605 0904 & 605 0905, F.S. to determ	registration inc penalty	n) liability)	- .	 ا ا ا	ည်	4
6273 Frank Ave NW 5.		6.		rank Ave NW	EST FEORIDA	P X	; .
5. (Street Address of Principal Office)			(S	failing Address)	<u> </u>	က်	·· ,
North Canton, Ohio 44	720		North-	Canton. Ohio 44720		Ē	
	_ 						
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	accepta	ble)			
Name:	Registered Agents, Inc.						
Office Address:	7901 4th Street N Suite 300						
	Saint Petersburg			33702 . Florida			
	(City)			(Zip code)			

Registered agent's acceptance:

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 application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Dave Kelly	□Manager	Name:
■Member	Address: 6273 Frank Ave NW	≣Member	Address: 6273 Frank Ave NW
□Authorized	North Canton, Ohio 44720	□Authorized	North Canton, Ohio 44720
Person		Person	
Other	Other	Other	Other
□Manager	Marcy Minocchi Name:	□Manager	Name: Mark Lautzenheiser
□Member	Address: 6273 Frank Ave NW	□Member	Address: 6273 Frank Ave NW
■Authorized	North Canton, Ohio 44720	■Authorized	North Canton, Ohio 44720
Person		Person	
□Other	Other	□Other	Dother
⊡Manager	Name:	□Manager	Name: Name: Property Address: Address: Name: Nam
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<u> </u>
Person		Person	
Other	□Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

Signature of an authorized person

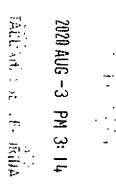
Signature of an authorized person

ALMISANO

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, 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 CAPTIVE RADIOLOGY, LLC, an Ohio Limited Liability Company. Registration Number 1478376, was organized within the State of Ohio on July 23, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of July, A.D. 2020.

Ohio Secretary of State

1 John

Validation Number: 202021200682