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(Requestor's Name)

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(City/State/Zip/Phone #)

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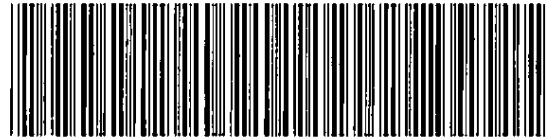
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: St Thomas 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:

Tracy Phipps

Name of Person

Radiology Imaging Associates, LLC

Firm/Company

1818 SW 15th Ave

Address

Ocala FL 34471

City/State and Zip Code

tracy.phipps@raocala.com

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

For further information concerning this matter, please call:

Tracy Phipps

352

671-4285

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2023

TRACY PHIPPS
1818 SW 15 AVE
OCALA, FL 34471

SUBJECT: ST. THOMAS RADIOLOGY ASSOCIATES, LLC
Ref. Number: W23000140453

We have received your document for ST. THOMAS RADIOLOGY ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What are the titles for Michael Schiering, Ryan Tompkins, Timothy Jones?,

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 123A00023674

10/20 - corrected. Please reprocess. Thank you!

RECEIVED *tracy*
OCT 24 2023

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

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

1. St Thomas 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. United States Virgin Islands
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0434472
(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. 9149 Estate Thomas
(Street Address of Principal Office)

6. 1673 Mason Ave, Suite 305
(Mailing Address)

St Thomas USVI 00802

Daytona Beach, FL 32117

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Tracy Phipps

Office Address: 1818 SW 15th Ave

Ocala, Florida 34471
(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:

☒ Manager Name: Caleb Rivera

☐ Member Address: 1818 SW 15th Ave

☐ Authorized Ocala FL 34471

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Tracy Phipps, CFO

☐ Member Address: 1818 SW 15th Ave

☒ Authorized Ocala FL 34471

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Rolando Prieto

☐ Member Address: 1818 SW 15th Ave

☐ Authorized Ocala FL 34471

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Ryan Tompkins

☐ Member Address: 1818 SW 15th Ave

☐ Authorized Ocala FL 34471

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Michael Schiering

☐ Member Address: 1673 Mason Ave, Suite 305

☐ Authorized Daytona Beach FL 32117

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Timothy Jones

☐ Member Address: 1673 Mason Ave, Suite 305

☐ Authorized Daytona Beach FL 32117


Person _____

☐ 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

Tracy Phipps

Typed or printed name of signee



**Government of
The United States Virgin Islands**

-O-

*Office of the Lieutenant Governor
Division of Corporations & Trademarks*

CERTIFICATE OF GOOD STANDING

To Whom These Presents Shall Come:

I, the undersigned Lieutenant Governor the United States Virgin Islands, do hereby certify that **ST. THOMAS RADIOLOGY ASSOCIATES, LLC** has filed in the Office of the Lieutenant Governor the requisite annual reports and statements as required by the Virgin Islands Code, and the Rules and Regulations of this Office. In addition, the aforementioned entity has paid all applicable taxes and fees to date, and has a legal existence not having been cancelled or dissolved as far as the records of my office show.

Wherefore, the aforementioned entity is duly formed under the laws of the Virgin Islands of the United States, is duly authorized to transact business, and, is hereby declared to be in good standing as witnessed by my seal below. This certificate is valid through June 30th, 2024.

Entity Type: Domestic Limited Liability Company

Entity Status: In Good Standing

Registration Date: 09/09/2005

Jurisdiction: United States Virgin Islands, United States

Witness my hand and the seal of the Government of
the United States Virgin Islands, on this 4th day
of October, 2023.



A handwritten signature in black ink, reading "Tregenza A. Roach".

Tregenza A. Roach
Lieutenant Governor
United States Virgin Islands