

m99000000776



ACCOUNT NO. : 072100000032

REFERENCE : 249715 4336650

AUTHORIZATION :

*Patricia Pujat*

COST LIMIT : \$ ~~70.00~~ 285.00

*per m.s.*

ORDER DATE : May 21, 1999

ORDER TIME : 9:27 AM

ORDER NO. : 249715-010

600002885586--8

CUSTOMER NO: 4336650

Ms. Michelle E. Smith  
Baker & McKenzie  
19th Floor  
1200 Brickell Avenue  
Miami, FL 33131

RECEIVED

99 MAY 25 AM 10:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: JOHNSON STREET MRI, LLC

XXXX QUALIFICATION (TYPE: LL)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 MAY 25 PM 1:45

FILED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	5/25/99	CERTIFIED COPY
Availability	XX <i>dec</i>	PLAIN STAMPED COPY
Document		CERTIFICATE OF GOOD STANDING
Examiner	DCC	
Updater	CONTACT PERSON:	Mimi Stephens
Updater		
erifyer	DCC	
nowledgement	DCC	
P. Verifier	DCC	

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5 pages

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

**IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER  
A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. Johnson Street MRI, LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Delaware 3. Applied For  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. May 21, 1999 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. May 21, 1999  
(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.))
7. c/o Marshall Stauber, M.D., 4060 N 41st Street  
Hollywood, Florida 33021  
(Street address of principal office)
8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

**NAME & ADDRESS**  
Marshall Stauber, M.D.  
4060 N 41st Street  
Hollywood, FL 33021

**TITLE:**  
MGR

**NAME & ADDRESS:**

**TITLE:**

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is originated. (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.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 STATES OF FLORIDA.

1. The name of the Limited Liability Company is:

Johnson Street MRI, LLC

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

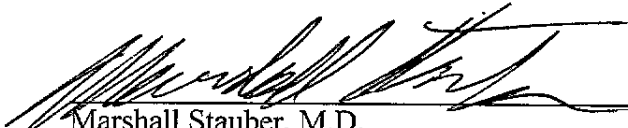
Marshall Stauber, M.D.  
(Name)

4060 N 41st Street  
Florida street address (P.O. Box NOT ACCEPTABLE)

Hollywood, Florida 33021  
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.*

  
Marshall Stauber, M.D.

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

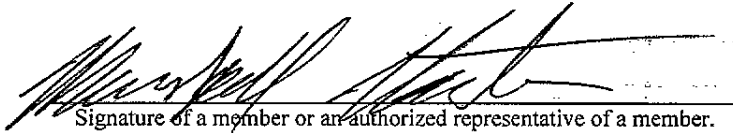
The undersigned member or authorized representative of a member of Johnson Street MRI, LLC certifies:

1) the above named liability company has at least one member;

2) the total amount of cash contributed by the member(s) is \$ 100.00

3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_  
(A description of the property is attached and made a part hereto.)  
and

4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 100.00  
(This total included amounts from 2 and 3 above.)

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

MARSHALL STAUBER, M.D.  
typed or printed name of signee

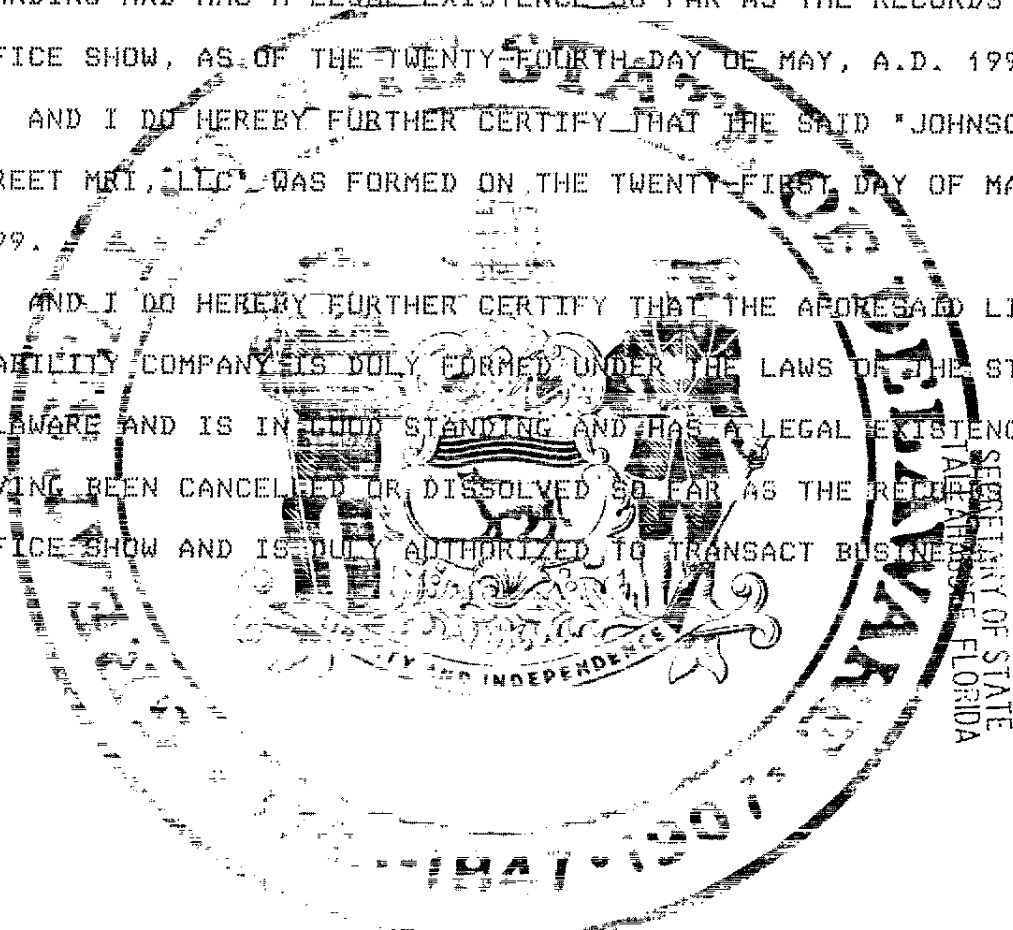
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JOHNSON STREET MRI, 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 TWENTY-FOURTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOHNSON STREET MRI, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9761369

DATE: 05-24-99