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CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615

Attn: Jeff Netherton

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| CORPORATION(S) NAM | TE. | |
|--|--|---------------------------|
| <u> </u> | | |
| Medcath Diagnostics, LLC | | |
| | | |
| | | |
| () Profit () Nonprofit | () Amendment | () Merger |
| (x) Foreign | () Dissolution/Withdrawal () Reinstatement | () Mark 5 5 |
| () Limited Partnership (x) LLC | () Annual Report () Name Registration () Fictitious Name | () Change of RA |
| () Certified Copy | () Photocopies | |
| () Call When Ready (x) Walk In () Mail Out | () Call If Problem () Will Wait | () After 4:30 (x) Pick Up |
| Name Availability Document Examiner | 07/15/99 | |
| Updater Verifier Acknowledgement | · | |
| W.P. Verifier | 11/6 | 11 |

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 BUSINESS IN THE STATE OF FLORIDA:

| company" or their abbreviations "L. | L.C." or "L.C." if | with the words "limited liability connot so contained in the name at pres | ent.) | |
|---|------------------------------------|--|---|---|
| 2.North Carolina | <u> </u> | 3.56-2106114 | | |
| (Jurisdiction under the law of which company is organized) | h foreign limited | liability (FEI number, if app | plicable) | |
| 4 April 8, 1999 | 5 | December 31, 2048 | <u> </u> | - |
| (Date of Organization | 1) | (Duration: Year limited liability of cease to exist or "perpetual") | company will | · |
| 6. 6/10/99 | 1 Tlout | da. (See sections 608.501, 608.502 | and 817.155. F.S | <u> </u> |
| (Date first transacted | business in Flori | da. (See sections 008.501, 008.502 | and 017.120,110 | • |
| 7. 7621 Little Avenue, Suite | e 106, Charlo | otte, NC 28226 | | |
| | | | | |
| <u>.</u> | (Street ad | dress of principal office) | <u> </u> | |
| | • | " " | | |
| | | . 1 CLACIDA (1 | | DI who |
| List name, title, and business a will manage the foreign limite | address of each d liability com | managing member [MGRM] o pany in Florida: (attach additio | r manager [Mo onal page if neo | GR] who cessary) |
| List name, title, and business a will manage the foreign limite NAME & ADDRESS: | address of each d liability com | managing member [MGRM] o pany in Florida: (attach addition NAME & ADDRESS: | r manager [MC onal page if neo TITLE: | GR] who cessary) |
| will manage the foreign limite | d liability com | pany in Florida: (attach addition | mai page ii nec | GR] who cessary) |
| will manage the foreign limite NAME & ADDRESS: | d liability com | pany in Florida: (attach addition | mai page ii nec | GR] who cessary) |
| will manage the foreign limite NAME & ADDRESS: Stephen R. Puckett | TITLE: | pany in Florida: (attach addition | mai page ii nec | SECALTALLAHA |
| will manage the foreign limite NAME & ADDRESS: Stephen R. Puckett 7621 Little Avenue, | TITLE: | pany in Florida: (attach addition | mai page ii nec | SECALTALLAHA |
| will manage the foreign limite NAME & ADDRESS: Stephen R. Puckett 7621 Little Avenue, Suite 106, Charlotte, NC | TITLE: MGR MGR | pany in Fiorida: (attach addition | mai page ii nec | SECALTALLAHA |
| will manage the foreign limite NAME & ADDRESS: Stephen R. Puckett 7621 Little Avenue, Suite 106, Charlotte, NC David Crane | TITLE: MGR MGR | pany in Fiorida: (attach addition | mai page ii nec | 99 JUL 15 F SECRETARY OF TALLAHASSEE |
| will manage the foreign limite NAME & ADDRESS: Stephen R. Puckett 7621 Little Avenue, Suite 106, Charlotte, NC David Crane 106, Charlotte, NC 28226 | TITLE: MGR MGR | pany in Fiorida: (attach addition | mai page ii nec | SECALTALLAHA |
| NAME & ADDRESS: Stephen R. Puckett 7621 Little Avenue, Suite 106, Charlotte, NC David Crane 106, Charlotte, NC 28226 | TITLE: MGR MGR | pany in Fiorida: (attach addition | mai page ii nec | SECALTALIANA. |

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 organized. (A hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

| 1 ne | e undersigned member or authorized representative of a member of MedCath Diagn | ostics, LL | <u>. </u> |
|------|---|---|--|
| 1) | the above named limited liability company has at least two members; | | |
| 2) | the total amount of cash contributed by the member(s) is | \$ <u>100.00</u> | ; |
| · | 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.) | \$ 0.00 | _; |
| | and the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.) | \$ 100.00 | |
| | MedCath Diagnostics, LC Sole Member: MedCath Incorporated By: Signature of a member or 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.) | er. | |
| | Typed or printed name of signee VP & COO of MedCath Incorporation Filing Fee: \$250.00 for Application and Affida | 9 JUL 15 PHI2: 49 WILLIAM IN STATE MILLIAMASSEE, FLORID PO | FILED |

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.

The name of the Limited Liability Company is:

| | MedCath Diagnostics, LLC |
|-----------------|---|
| 2. | The name and the Florida street address of the registered agent and office are: |
| | C T CORPORATION SYSTEM (Name) |
| | Florida street address (P.O. Box NOT ACCEPTABLE) |
| | Plantation FL 33324 (City/State/Zip) |
| | |
| ageni relati | ng been named as registered agent and to accept service of process for the above stated limited lity company at the place designated in this certificate, I hereby accept the appointment as registered t and agree to act in this capacity. I further agree to comply with the provisions of all statutes ing to the proper and complete performance of my duties, and I am familiar with and accept the tations of my position as registered agent. |
| | CORPORATION SYSTEM (Signature) |

Filing Fee: \$ 35 for Designation of Registered Agent

JENNIFER F AULT

ASSISTANT SHCRETARY

1.



Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MEDCATH DIAGNOSTICS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 30th day of September, 1998, with its period of duration ending DEC 2048.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of July, 1999.

Elaine I. Marshall

Secretary of State