

L01000013423

Westchester Diagnostic Radiology, LLC.
Requestor's Name

2500 S.W. 75th Ave.
Address

Miami, FL 33155
City/State/Zip Phone #

MJH

8/13

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS (if known):	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Dir
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

W01-16076
 500004469955--6
 -07/11/01--01078--001
 *****160.00 *****155.00
 160.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 01 AUG 13 AM 10:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 12, 2001

WESTCHESTER DIAGNOSTIC RADIOLOGY, L.L.C.
2500 S.W. 75TH AVE.
MIAMI, FL 33155

SUBJECT: WESTCHESTER DIAGNOSTIC RADIOLOGY, L.L.C.
Ref. Number: W01000016076

add reject letter 00023

We have received your document for WESTCHESTER DIAGNOSTIC RADIOLOGY, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 301A00041242



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 25, 2001

WESTCHESTER DIAGNOSTIC RADIOLOGY, L.L.C.
2500 S.W. 75TH AVE.
MIAMI, FL 33155

SUBJECT: WESTCHESTER DIAGNOSTIC RADIOLOGY, L.L.C.
Ref. Number: W01000016076

We have received your document for WESTCHESTER DIAGNOSTIC RADIOLOGY, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 901A00043317

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

West Chester Diagnostic Radiology L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2500 S.W. 75TH AVE
Radiology Department / MAILING / P.O. Box 557249
MIAMI, FLORIDA 33155 / Address / MIAMI, FLORIDA 33255-7249

Principal
Address

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ELIZABETH L. PEREZ
Name

4520 GRANADA BLVD
Florida street address (P.O. Box **NOT** acceptable)

CONAL GABLE FL 33146
City, State, and Zip

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 608, F.S.

Elizabeth Perez
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Manuel Perez
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MANUEL PEREZ M.D.
Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

01 AUG 13 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED