

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
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From:
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 Account Number : 076117000420
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mstocks@gunster.com

**Foreign Limited Liability Company
 Remote Diagnostic Imaging Partners, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2021 NOV 22 AM 10:18

ALL INFORMATION CONTAINED

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. REMOTE DIAGNOSTIC IMAGING PARTNERS, L.L.C
(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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 175 Hampton Point Drive, Suite 4
(Street Address of Principal Office)

6. 175 Hampton Point Drive, Suite 4
(Mailing Address)

St. Augustine, FL 32092

St. Augustine, FL 32092

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

Name: GY Corporate Services, Inc.

Office Address: 777 S Flagler Drive, Suite 500E

West Palm Beach, Florida 33401
(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.

GY CORPORATE SERVICES, INC.

By: /s/ Melanie B. Stocks
Melanie B. Stocks, (Registered agent's signature)
Asst. Secretary

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: Ryan R. Huber

Member Address: 175 Hampton Point Dr, Suite 4

Authorized St. Augustine, FL 32092

Person _____

Other Vice President Other _____

Title or Capacity: **Name and Address:**

Manager Name: Neil G. Huber

Member Address: _____

Authorized _____

Person _____

Other Vice President Other _____

Manager Name: Dr. Satinder Rekhi, Jr.

Member Address: 175 Hampton Point Dr, Suite 4

Authorized St. Augustine, FL 32092

Person _____

Other Vice President Other _____

Manager Name: Peter Jablonka

Member Address: _____

Authorized _____

Person _____

Other Vice President Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

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.

/s/ Ryan R. Huber

Signature of an authorized person

Ryan R. Huber

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REMOTE DIAGNOSTIC IMAGING PARTNERS, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REMOTE DIAGNOSTIC IMAGING PARTNERS, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

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SR# 20213856544

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204748882

Date: 11-19-21