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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — Secretary of State — DIVISION OF CORPORATIONS

L01000008999

FILED
02 DEC 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008999

Name and Mailing Address

0001184 01 FP 0.352 **PRSRT T4 0 0615 33021-824975

NEWCLEAR IMAGING SERVICES, LLC
3700 WASHINGTON STREET, SUITE 300
HOLLYWOOD FL 33021-8249

400008759934
12/30/02--01029--005 **50.00

CR2E084 (8/02)

2. New Mailing Address
3700 Washington Street, suite 300
City, State, Zip
Hollywood FL 33021

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/01/2001

Principal Place of Business
3700 WASHINGTON STREET, SUITE 300
HOLLYWOOD FL 33021

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
651129924
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

SOFFER, ARIEL D
3700 WASHINGTON STREET, SUITE 300
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

400008759934
11/01/02--01072--007 **100.00

City — FL — Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 10-28-02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SOFFER, ARIEL D	3700 WASHINGTON STREET, SUITE 300	HOLLYWOOD FL 33021

REINSTATEMENT 2002

AL

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 10-28-02 Daytime Phone # 954-967-6550

Typed or printed name of signing Managing Member/Manager