

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000017636

**FILED**  
**Nov 10, 2004**  
**Secretary of State**

**Entity Name:** OSTEOPOROSIS IMAGING CENTERS, L.L.C.

**Current Principal Place of Business:**

4420 WEST OAKLAND PARK BOULEVARD  
LAUDERDALE LAKES, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

4420 WEST OAKLAND PARK BOULEVARD  
LAUDERDALE LAKES, FL 33313

**New Mailing Address:**

PO BOX 42729  
WASHINGTON, DC 20015

FEI Number: 59-2127418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEEDS, ROBERT  
4420 WEST OAKLAND PARK BOULEVARD  
LAUDERDALE LAKES, FL 33313 US

**Name and Address of New Registered Agent:**

LEEDS, ROBERT  
6200 SW 5 STREET  
PLANTATION, FL 33317 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT LEEDS

11/10/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LEEDS, ROBERT  
Address: 4420 WEST OAKLAND PARK BOULEVARD  
City-St-Zip: LAUDERDALE LAKES, FL 33313

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEEDS, ROBERT  
Address: 6200 SW 5 STREET  
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT LEEDS

PRES

11/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date