

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001  
LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
UBB



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 26 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000481

1. Limited Liability Company's Name

OPEN MRI OF SOUTH MIAMI, LLC

2. Principal Office Address

6161 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE A

City & State

MIAMI, FL

Zip

33143

Country

USA

3. Mailing Office Address

4400 RENAISSANCE PKWY

Suite, Apt. #, etc.

SUITE L

City & State

WARRENSVILLE HTS. OH

Zip

44128

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/6/99

6. FEI Number

650891853

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

Name

ST. LOUIS, ROLAND B JR

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

THE COLONNADE SUITE 1108

Suite, Apt. #, Etc.

2333 PRINCE DE LEON BOULEVARD

City

CORAL GABLES

10000466691

11/06/01 01000

\*\*\*\*\*50.00 \*\*\*\*\*50.00

State

FL

Zip Code

33134

9. 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 10-22-01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip         |
|--------|--------------------------------------|---------------------------------------------------|----------------------------|
| MEM    | JVZ PARTNERS, LTD                    | 4400 RENAISSANCE PKWY, STE L                      | WARRENSVILLE HTS. OH 44128 |
|        |                                      |                                                   |                            |
|        |                                      |                                                   |                            |
|        |                                      |                                                   |                            |
|        |                                      |                                                   |                            |
|        |                                      |                                                   |                            |
|        |                                      |                                                   |                            |

11. 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 10-22-01

Daytime Phone # 216 464 8484

Typed or printed name of signing Managing Member/Manager