2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000035062

1. Entity Name
MEDICAL IMAGING SPECIALISTS, LLC

FILED

2009 MAY 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05052009 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
409 COUNTRY MEADOWS WAY BRADENTON, FL 34212 US	409 COUNTRY MEADOWS WAY BRADENTON, FL 34212 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 34-2001402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CULLEN, JOHN T 12401 ORANGE DRIVE SUITE 127 DAVIE, FL 33330	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE [signature] 05/07/09
Required, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIMON, ARTURO 409 COUNTRY MEADOWS WAY BRADENTON, FL 34212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIMON, BARBARA 409 COUNTRY MEADOWS WAY BRADENTON, FL 34212	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600155982216 05/14/09--01013--014 **277.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5-08-09	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1 of