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A32162

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF State
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A32162

1. Entity Name

BISCAYNE DIAGNOSTIC IMAGING, LIMITED PARTNERSHIP

2. Principal Place of Business

21110 BISCAYNE BLVD.
ADVENTURA FL 33180

Suite, Apt. #, etc.

City & State

Zip | Country

Mailing Address

21110 BISCAYNE BLVD.
ADVENTURA FL 33180-1227

Suite, Apt. #, etc.

City & State

Zip | Country

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

City | State: FL | Zip Code

4. Date Formed or Registered To Do Business in Florida

5. FEI Number 11-3084020 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7a. Capital Contributions as shown on Record: $450,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

FEES:

1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.

2.) Supplemental Fee(s): $88.75 for each year due this office beginning with 1992 calendar year.

3.) Penalty Fee(s): $500 penalty fee for each year report form is due.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1021 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent and familiar with, and accept the obligations of, section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT use Post Office Box Numbers)	City, State and Zip Code	10a. Registration/Document Number
S76975 BISC..MED. IMAG MGMT,INC 21301 POWERLINE RD. #309 BOCA RATON FL			

000023767960
10/13/03--01102--010 **1026.25

REINSTATEMENT 2003

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I hereby request the Division of Corporations from any liability of non-compliance with Statutes 119.07(3)(i) in the event that the information submitted is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] ROBERT Quigley VICE Pres GP. DATE 10/9/03 631-724-6796

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

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