


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G16442		
1. Entity Name LAMONOSA, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 PM 1:05

Principal Place of Business % 3100 SW 62ND AVE RADIOLOGY DEPT MIAMI, FL 33155	Mailing Address % 3100 SW 62ND AVE RADIOLOGY DEPT MIAMI, FL 33155
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2. Principal Place of Business		3. Mailing Address 9400 S DADELAND BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 111	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33155		33156	

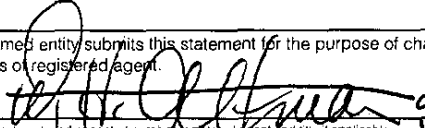
11102004 REIN-P CR2E098 (6/04)

4. FEI Number 59-2239362	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, LINDA D., ESQ. 3100 S.W. 62ND AVE. MIAMI, FL 33155		7. Name and Address of New Registered Agent Name LINDA D. THOMAS, ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 W. SAN MARINO DR City MIAMI BEACH FL Zip Code 33139	
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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.

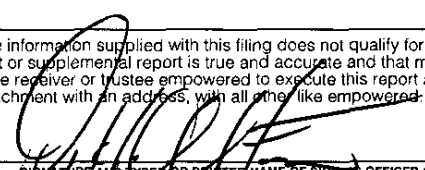
SIGNATURE  DATE 10/15/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALTMAN, DONALD H. 6125 S.W. 31ST STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600043169506 12/03/04--01032--006 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMAS, LINDA D. 3100 SW 62ND AVE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 10/15/04 (305) 667-7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR