

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L00000004412**

**LIMITED LIABILITY COMPANY REINSTATEMENT**

SECRETARY OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02 FEB 20 PM 4: 27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L00000004412**

1. Limited Liability Company's Name

**Cardiovascular Imaging & Respiratory Mobile LLC**

**200004981142--3**  
 -02/21/02--01002--016  
 \*\*\*\*225.00 \*\*\*\*200.00

*2/20 2001-2002*

2. Principal Office Address  
**36008 Emerald Coast Pkwy.**  
 Suite, Apt. #, etc.  
**Suite F 602**

3. Mailing Office Address  
**PO Box 1544**  
 Suite, Apt. #, etc.

City & State  
**Destin, Fl. 32541**

City & State  
**Destin, Fl. 32540-1544**

Zip Country Zip Country  
**32541 Okaloosa 32540-1544 Okaloosa**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**March 20, 2000**

6. FEI Number Applied For  
**59-3611705** 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  
**Kathryn Ann Smith**

Street Address (P.O. Box Number is Not Acceptable)  
**36008 Emerald Coast Pkwy.**

Suite, Apt. #, Etc.  
**Suite F 602**

City State Zip Code  
**Destin FL 32541**

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 *Kathryn Ann Smith* Date **2-11-02**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MG/MA Admin.</i>	<b>Kathryn A. Smith</b>	<b>124 Fulmar Cir.</b>	<b>Fort Walton Beach, Fl. 32548</b>

*FF \$20000*

**REINSTATEMENT 2001-2002**

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 *Kathryn A. Smith* Date **2-11-02** Daytime Phone # **(850) 650-2061**

Typed or printed name of signing Managing Member/Manager **Kathryn A. Smith**

CR2E041 (9/99)