



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000007489						FILED 08 DEC 12 AM 10:35 CLERK OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name DOLPHIN DIAGNOSTICS, LLC				<div style="font-size: 2em; opacity: 0.5;">08</div>			
Principal Place of Business 1700 N. MCMULLEN BOOTH ROAD, SUITE B-3 CLEARWATER, FL 33759		Mailing Address 1700 N. MCMULLEN BOOTH ROAD, SUITE B-3 CLEARWATER, FL 33759					
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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CRAIG, PAULINE M 7040 TRYSAIL CIRCLE TAMPA, FL 33607				Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor City Miami FL Zip Code 33145			
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, Spiegel & Utrera, P.A.							
SIGNATURE BY <i>Natalia Utrera</i> Natalia Utrera, Vice President				DATE 12-10-08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$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 CRAIG, PAULINE M 1700 N. MCMULLEN BOOTH ROAD, SUITE B-3 CLEARWATER, FL 33759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900139227879 12/23/08--01012--002 **138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANKINSON, DEAN 1700 N. MCMULLEN BOOTH ROAD, SUITE B-3 CLEARWATER, FL 33759	<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		
REINSTATEMENT 2008							
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 <i>Pauline M. Craig</i>				Pauline M. Craig, Mgr Date 12/8/08 Daytime Phone # 727-797-8461			