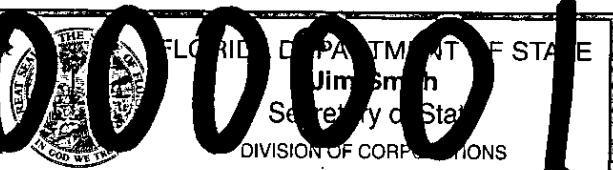


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



13209
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -4 PM 1:22

1. DOCUMENT # L00000013209
Name and Mailing Address

0004095 01 FP 0.352 **PRSR T3 0 0615 33418-682011



ADVANCED DIAGNOSTIC IMAGING OF PALM BEACH GARDENS, LLC
11 SHELDRAKE LANE
PALM BEACH GARDENS FL 33418-6820

800009345648
12/04/02--01030--004 **150.00



REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 11 SHELDRAKE LANE PALM BEACH GARDENS FL 33418		5. Date Organized or Qualified To Do Business in Florida 10/25/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1006776	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent BURKE, ROBERT D 11 SHELDRAKE LANE PALM BEACH GARDENS FL 33418		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date <i>11/30/02</i>			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	BURKE, ROBERT D	11 SHELDRAKE LANE	PALM BEACH GARDENS FL 33418
REINSTATEMENT 2002			

12. 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 *[Signature]* Date *11/30/02* Daytime Phone # *561 626-2787*

Typed or printed name of signing Managing Member/Manager