

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 200

FILED

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 200000013474

1. Limited Liability Company's Name

JAX PET SCAN, LLC

2. Principal Office Address

1895 KINGSLEY AVE

Suite, Apt. #, etc.

SUITE 600

City & State

ORANGE PARK, FL

Zip

32073

Country

USA

3. Mailing Office Address

PO BOX 19919

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32245

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

59-3677482

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SHYAM PARYANI, MD

000004661520-9

Street Address (P.O. Box Number is Not Acceptable)

359 UNIVERSITY BLVD SOUTH

Suite, Apt. #, Etc.

1000

City

JACKSONVILLE

State

FL

Zip Code

32216

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

Shyam B. Paryani

REGISTERED AGENT MUST SIGN

Date 10/23/01

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
Partner	SHYAM PARYANI	359A UNIV. BLVD SU, # 1000	JACKSONVILLE, FL 32216

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

Shyam B. Paryani

Date 10/23/01 Daytime Phone # 904-346-3338

Typed or printed name of signing Managing Member/Manager

SHYAM B. PARYANI, MD