

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED

01 DEC 10 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000016159

1. Limited Liability Company's Name

21ST CENTURY MEDICAL SCANNING, LLC

2. Principal Office Address

301 YAMATO ROAD  
Suite, Apt. #, etc.

#1245

City & State

BOCA RATON, FL

Zip

33431

Country

USA

3. Mailing Office Address

301 YAMATO ROAD  
Suite, Apt. #, etc.

#1245

City & State

BOCA RATON, FL

Zip

33431

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

12/28/2000

6. FEI Number

65-1064790

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

GLENN D. MEYERS, M.D. - MEDICAL DIRECTOR

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

301 YAMATO ROAD

200004725182-0

Suite, Apt. #, Etc.

#1245

-12/13/01--01071--004

\*\*\*\*150.00 \*\*\*\*150.00

City

BOCA RATON

State

FL

Zip Code

33431

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

Date 11/30/01

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
<del>President</del> <del>Director</del>			
MGR	GLENN D. MEYERS, M.D.	301 YAMATO RD #1245	BOCA RATON, FL 33431

REINSTATEMENT

at  
dec

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

Date 11/27/01

Daytime Phone # (561) 998-7070

Typed or printed name of signing Managing Member/Manager

GLENN D. MEYERS, M.D.

CR2E041 (9/01)