


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L01000000965  
Name and Mailing Address

0000931 01 AV 0.27B \*\*AUTO H5 0 0615 33431-643750  
 FAU MRI RADIOLOGY ASSOCIATES, LLC  
 3848 FAU BLVD  
 SUITE 200  
 BOCA RATON FL 33431-6437



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/16/2001	
Principal Place of Business 3848 FAU BLVD SUITE 200 BOCA RATON FL 33431	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1084737	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent STEINBERG, FRED L MD 3848 FAU BLVD SUITE 200 BOCA RATON FL 33431	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300024568503 11/10/03--01086--005 **150.00 City FL Zip Code
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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 [Signature] **SIGNATURE REQUIRED** Date 561-362-9191 10/31/03  
 REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STEINBERG, FRED L	3848 FAU BLVD, STE. 200	BOCA RATON FL 33431

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] **SIGNATURE REQUIRED** Date 10/31/03 Daytime Phone # 561-362-9191  
 Typed or printed name of signing Managing Member/Manager Fred Steinberg