PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 PM 1:43

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-06

900082100089
11/28/06--01033--010 **300.00

CR2E041 (8/05)

DOCUMENT # L01000006960

1. Limited Liability Company's Name
INNOVATIVE MEDICAL IMAGING-NAPLES, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
8903 Glades Road		8903 Glades Road	
Suite, Apt. #, etc. Suite A-8		Suite, Apt. #, etc. Suite A-8	
City & State Boca Raton, Florida		City & State Boca Raton, Florida	
Zip 33434	Country USA	Zip 33434	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/02/2001

6. FEI Number: 043621788 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NEEDLEMAN, ARNOLD E., M.D.

Street Address (P.O. Box Number is Not Acceptable): 8903 Glades Road

Suite, Apt. #, Etc.: Suite A-8

City: Boca Raton | State: FL | Zip Code: 33434

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 11.21.06
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
MGRM	NEEDLEMAN, ARNOLD, M.D	8903 Glades Road, Suite A-8	Boca Raton, FL 33434
MGRM	STERNBERG, ALAN	8903 Glades Road, Suite A-8	Boca Raton, FL 33434

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 11.21.06 Daytime Phone # 561 218-9011

Typed or printed name of signing Managing Member/Manager ARNOLD NEEDLEMAN