

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000014396

**Entity Name:** WEST PALM BEACH MRI, L.L.C.

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

MIZNER PLACE MRI  
5601 CORPORATE WAY, SUITE 307  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MEDICAL RESOURCES, INC.  
1455 BROAD ST., 4TH FL, LEGAL DEPT.  
BLOOMFIELD, NJ 07003 US

**New Mailing Address:**

C/O PROGRESSIVE HEALTH, LLC  
401 SYLVAN AVENUE  
ENGLEWOOD CLIFFS, NJ 07632 US

**FEI Number:** 22-3836595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RLF

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WEST PALM IMAGING, LLC  
Address: 401 SYLVAN AVENUE  
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RLF

MGRM

02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date