L01000017680

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REINSTATEMENT

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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LIMITED LIABILITY REINSTATEMENT

IMAGING CENTER OF OVIEDO, LLC

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000017680

1. Limited Liability Company's Name
IMAGING CENTER OF OVIEDO, LLC

2. Principal Office Address	3. Mailing Office Address
20 WEST KALEY STREET	20 WEST KALEY STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO	City & State: ORLANDO
Zip: 32806 Country: U.S.A.	Zip: 32806 Country: U.S.A.

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 10/15/2001
6. FEI Number: 59-3746515 ☐ 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: JOSEPH G. ANDRIOLE, M.D.
Street Address (P.O. Box Number is Not Acceptable): 20 WEST KALEY STREET
Suite, Apt. #, Etc.:
City: ORLANDO State: FL Zip Code: 32806

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: Joseph G. Andriole, Jr. Date: 6/21/05
REGISTERED AGENT MUST SIGN

CR2E041 (01/05)

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
MGR	JOSEPH G. ANDRIOLE, M.D.	20 WEST KALEY STREET	ORLANDO, FL 32806
		REINSTATEMENT 2005-2005	

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: Joseph G. Andriole Date: 6/21/05 Daytime Phone #: 407/423-5511

Typed or printed name of signing Managing Member/Manager: JOSEPH G. ANDRIOLE, M.D., PRESIDENT