

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000016064

**FILED**  
**Oct 04, 2006**  
**Secretary of State**

**Entity Name:** FOUNTAIN IMAGING OF PEMBROKE PINES, LLC

**Current Principal Place of Business:**

2221 N. UNIVERSITY DRIVE, SUITE A  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

2221 N. UNIVERSITY DRIVE, SUITE A  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 02-0621711      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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:** M.A. AREIZA, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR ( ) Delete  
**Name:** FRIEDEBERG, AARON MICHAEL  
**Address:** 1 NE 167 STREET  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162 US

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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:** BY M.A. AREIZA, AS ATTORNEY-IN-FACT

MGR

10/04/2006

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