

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 16 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 02 0000 29019**

1. Limited Liability Company's Name
MONTEREY MEDICAL DIAGNOSTIC CENTER LC

CR2E041 (8/05)

2. Principal Office Address 1050 SE. MONTEREY RD. Suite, Apt. #, etc. # 102 City & State STUART FL Zip 34994 Country MARTIN		3. Mailing Office Address 1050 SE. MONTEREY RD. Suite, Apt. #, etc. # 102 City & State STUART FL Zip 34994 Country MARTIN	
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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/30/02	
6. FEI Number 02 064 9349	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$500 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
NICHOLAS ELLIOTT
Street Address (P.O. Box Number is Not Acceptable)
1050 SE. MONTEREY RD
Suite, Apt. #, Etc.
SUITE 102
City
STUART

800081863408
11/16/06--01044--012 **190.00

State
FL Zip Code
34994

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  REGISTERED AGENT MUST SIGN

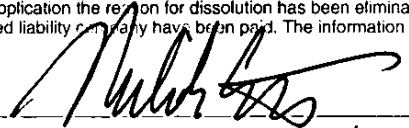
Date **11/14/06**

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	NICHOLAS ELLIOTT	1050 SE. MONTEREY RD SUITE 102	STUART FL 34994

REINSTATEMENT 2006

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 **11/14/06** Daytime Phone **772 590 5000**
Typed or printed name of signing Managing Member/Manager **NICHOLAS ELLIOTT**