

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 26 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000035224

Name and Mailing Address

0001429 01 AT 0.292 **AUTO T7 2 0615 32168-732700



NEW SMYRNA DIAGNOSTIC IMAGING, LLC
600 PALMETTO STREET
NEW SMYRNA BEACH FL 32168-7327



OK

CR2E084 (7/03)

2. New Mailing Address

610 350 North Causeway

City, State, Zip
New Smyrna Beach, FL 32169

Principal Place of Business
600 PALMETTO STREET
NEW SMYRNA BEACH FL 32168

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 12/31/2002

6. FEI Number

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

HEEKIN, JIM
215 NORTH EOLA DRIVE
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

[Signature] 11/24/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEONARD, KATHY	600 PALMETTO STREET	NEW SMYRNA BEACH FL 32168

700025072377
11/26/03--01056--001 **150.00

REINSTATEMENT 2003

OK

12. 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

SIGNATURE REQUIRED

Date *11/20/03* Daytime Phone # *386 424-5001*

Typed or printed name of signing Managing Member/Manager