

03000009214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

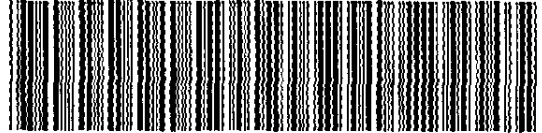
(Business Entity Name)

(Document Number)

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2006 FEB -3 PM 1:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JAN 30 2006

J. BRYAN FEB - 7 2006

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Signet Diagnostic Imaging Services (North Florida), LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

FILED  
2006 FEB - 3 PM 1:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Mark E. Gelfand, General Counsel  
(Name of Person)

Signet Diagnostic Imaging Services (North Florida), LLC  
(Firm/Company)

560 South Broadway, Suite 201  
(Address)

Hicksville, NY 11801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark E. Gelfand at (516) 933-3124  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

MARK E. GELFAND, GENERAL COUNSEL  
SIGNET DIAGNOSTIC MANAGEMENT SERVICES, L  
560 SOUTH BROADWAY, SUITE 201  
HICKSVILLE, NY 11801

SUBJECT: SIGNET DIAGNOSTIC IMAGING SERVICES (NORTH FLORIDA),  
LLC  
Ref. Number: L03000009214

We have received your document for SIGNET DIAGNOSTIC IMAGING  
SERVICES (NORTH FLORIDA), LLC and your check(s) totaling \$35.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 906A00006561

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



# Signet Diagnostic

IMAGING SERVICES

Mark E. Gelfand, General Counsel  
 560 South Broadway, Hicksville, NY 11801  
 Phone: 516.933-3126 / Fax 516.933.3128  
 Email: pleabign@runbox.com

February 3, 2006

Joey Bryan  
 Document Specialist  
 Amendment Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

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 2006 FEB - 3 PM 1:03  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**South Florida Region**

**Aventura Imaging Center**  
 2630 NE 203rd Street, Ste. 104  
 North Miami, FL 33180  
 305 931.7515

**Boca Raton Imaging Center**  
 1590 NW 10th Ave., Ste. 202  
 Boca Raton, FL 33486  
 561 368.7956

**Boca Raton Imaging Center**  
 610 Glades Road  
 Boca Raton, FL 33431  
 561 750 8402

**Coral Springs Imaging Center**  
 2230 N. University Drive  
 Coral Springs, FL 33071  
 954.753.3800

**Fort Lauderdale Regional MRI**  
 4461 N. Federal Highway  
 Oakland Park, FL 33308  
 564 492 8151

**MedScan MRI**  
 3601 W. Commercial Blvd. Ste. 20  
 Ft. Lauderdale, FL 33309  
 954.714.9300

**Pembroke Pines Imaging Center**  
 701 NW 179th Ave., Ste. 102  
 Pembroke Pines, FL 33029  
 954 538 0050

**South Florida Imaging Center**  
 8300 W. Sunrise Blvd  
 Plantation, FL 33322  
 954 577 5000

**South Miami Imaging Center**  
 7800 SW 67th Ave., Bldg. A, Ste. 110  
 Miami, FL 33173  
 305 595 9290

**North Florida Region**

**Arlington Imaging Center**  
 6500 Fort Carolina Road, Ste. #B  
 Jacksonville, FL 32211  
 904.745 5900

**Northside Imaging Center**  
 1215 Units 4-5 Dunn Avenue  
 Jacksonville, FL 32218  
 904 698 8400

**Orange Park Imaging Center**  
 2020 Professional Center Drive  
 Orange Park, FL 32073  
 904.272.2800

**Riverside Imaging Center**  
 4171 Roosevelt Blvd  
 Jacksonville, FL 32210  
 904 389 7474

**Salisbury Imaging Center**  
 4063 Salisbury Road, Ste. 100  
 Jacksonville, FL 32216  
 904.281 0133

**Correspondence & Billing**  
 560 South Broadway  
 Hicksville, NY 11801  
 516.933.2600

**Billing South Florida Region**  
 954 246 3821

**Billing North Florida Region**  
 904 207 7177

**RE: Ref. Number: L03000009264 / Diagnostic Management Services, LLC**  
**L03000009214 / Signet Diagnostic Imaging Services (North Florida), LLC**  
**L01000014622 / Signet Diagnostic Imaging Services, LLC**  
**L03000022158 / Signet Direct, LLC**

Dear Mr. Bryan:

Enclosed is corrected paper work for change of registered office and registered agent.

We already sent the filing fee in the amount of \$35.00 for each entity. However, the wrong form was completed we should be reimbursed \$40.00 as the appropriate fee is \$25.00.

Please contact me if anything further is required.

Thank you,

Mark E. Gelfand

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT FOR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

FILED  
2006 FEB 23 PM 1:03  
TALLAHASSEE, FLORIDA

- 1. The name of the limited liability company is: Signet Diagnostic Imaging Services (North Florida) LLC
- 2. The mailing address of the limited liability company is: 5100 South Broadway Suite 201, Hicksville, NY 11801

3/13/03  
3. Date of filing/registration in Florida

LO3000009214  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Delevie Mark N.  
Name  
1515 North Federal Highway, Suite 405  
Address  
Boca Raton FL 33432  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Mark E. Gelfand, General Counsel  
Name  
8300 W. Sunrise Blvd.  
Florida street address (P.O. Box NOT acceptable)  
Plantation, FL 33322  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mark E. Gelfand  
(Signature of a member or authorized representative of a member)

Mark E. Gelfand  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mark E. Gelfand  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00