

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000009214

FILED
Oct 03, 2008
Secretary of State

Entity Name: SIGNET DIAGNOSTIC IMAGING SERVICES (NORTH FLORIDA), LLC

Current Principal Place of Business:

560 SOUTH BROADWAY
HICKSVILLE, NY 11801

New Principal Place of Business:

991 STEWART AVENUE
BETHPAGE, NY 11714

Current Mailing Address:

560 SOUTH BROADWAY
HICKSVILLE, NY 11801

New Mailing Address:

991 STEWART AVENUE
BETHPAGE, NY 11714

FEI Number: 04-3747138 **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:

GELFAND, MARK E ESQ.
8300 W. SUNRISE BLVD.
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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: MARK GELFAND

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIAGNOSTIC IMAGING G, ROUP LLC
Address: 560 SOUTH BROADWAY
City-St-Zip: HICKSVILLE, NY 11801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIAGNOSTIC IMAGING G, ROUP LLC
Address: 991 STEWART AVENUE
City-St-Zip: BETHPAGE, NY 11714

I hereby certify that the information supplied with this filing does not qualify 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: MARK GELFAND

MGR

10/03/2008

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