

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000015086

FILED
Oct 21, 2004
Secretary of State

Entity Name: HEALTHTEST SCAN CENTER OF BOCA RATON LLC

Current Principal Place of Business:

NORTHERN TRUST PLAZA, 301 YAMATO ROAD
SUITE 1240
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

700 N. HIATUS ROAD
SUITE 105
PEMBROKE PINES, FL 33026 US

New Mailing Address:

NORTHERN TRUST PLAZA, 301 YAMATO ROAD
SUITE 1240
BOCA RATON, FL 33431 US

FEI Number: 14-1881309 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:

LUNDY, EDMUND G
700 N. HIATUS ROAD
SUITE 105
PEMOBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

LUNDY, EDMUND G
NORTHERN TRUST PLAZA, 301 YAMATO ROAD
SUITE 1240
BOCA RATON, FL 33431 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: EDMUND G. LUNDY

10/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FERNANDEZ, ALBERTO
Address: 10061 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR () Delete
Name: FERNANDEZ, ALBERTO E
Address: 6001 N. OCEAN DRIVE, #1701
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: MGR () Delete
Name: FERNANDEZ, NELSON
Address: 10061 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR () Delete
Name: HORGAN, JOSEPH T
Address: 4300 SW 131ST AVENUE
City-St-Zip: DAVIE, FL 33330 US

Title: MGR () Delete
Name: LUNDY, EDMUND G
Address: 2800 LAKE WAY
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES:

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

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

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

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

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 Section 119.07(3)(i), 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: EDMUND G. LUNDY

MGRM

10/21/2004

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