

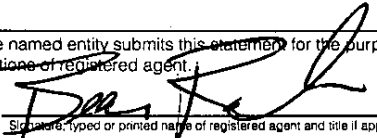
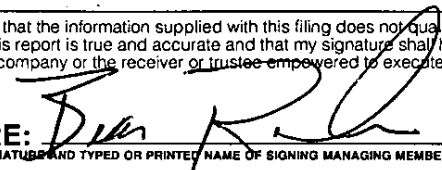


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000003913 1. Entity Name UPRIGHT MRI OF SARASOTA, LLC						-FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV -8 AM 10:53	
Principal Place of Business C/O BEAR ROALSEN 17850 SOUTH KEDZIE AVE., SUITE 2150 HAZEL CREST, IL 60429				Mailing Address C/O BEAR ROALSEN 17850 SOUTH KEDZIE AVE., SUITE 2150 HAZEL CREST, IL 60429			
2. Principal Place of Business C/O BEAR ROALSEN Suite, Apt. #, etc. 3330 W. 177th STE 1D City & State HAZELCREST, IL Zip 60429		3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME				10252005 REIN-LLC CR2E101 (6/04)	
4. FEI Number 20-1394447				Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHUSTER, PHYLLIS L ESQ. C/O ARNSTEIN & LEHR LLP 515 NORTH FLAGLER DRIVE, 6TH FLOOR WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 11/3/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				MGRM MELRITT ROALSEN 480 DELMARWAVE CIRCLE BOLLINGBROOK, IL 60440			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				800061254078 11/08/05--01039--007 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				REINSTATEMENT 2005			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 				DATE 11/3/05 708-777-4540			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							