2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000031368

Entity Name: PHYSICIANS IMAGING OF COLUMBUS MRI WEST, LLC

FILED Mar 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

245 N OCEAN DRIVE 2900 N.E. 40TH STREET

DEERFIELD BEACH, FL 33441 LIGHTHOUSE POINT, FL 33064

Current Mailing Address: New Mailing Address:

245 N OCEAN DRIVE P.O. BOX 10229

DEERFIELD BEACH, FL 33441 POMPANO BEACH, FL 33061

FEI Number: 51-0506419 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: Name and Address of New Registered Agent:

MILLER, ANNIE MILLER, ANNIE

245 N OCEAN DRIVE 2900 N.E. 40TH STREET

DEERFIELD BEACH, FL 33441 US LIGHTHOUSE POINT, FL 33064 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: ANNIE MILLER 03/08/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 MILLER, ANNIE
 Name:
 MILLER, ANNIE

 Address:
 245 OCEAN DRIVE
 Address:
 2900 N.E. 40TH STREET

 City-St-Zip:
 DEERFIELD BEACH, FL 33441
 City-St-Zip:
 LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNIE MILLER MGR 03/08/2006