

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000035062

1. Entity Name
MEDICAL IMAGING SPECIALISTS, LLC



FILED

2009 MAY 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05052009 REIN-LLC CR2E101 (1/07)

Principal Place of Business
409 COUNTRY MEADOWS WAY
BRADENTON, FL 34212 US

Mailing Address
409 COUNTRY MEADOWS WAY
BRADENTON, FL 34212 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-2001402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULLEN, JOHN T
12401 ORANGE DRIVE
SUITE 127
DAVIE, FL 33330

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05/07/09

FILE NOW!!! FEE IS \$277.50

In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME SIMON, ARTURO
STREET ADDRESS 409 COUNTRY MEADOWS WAY
CITY- ST- ZIP BRADENTON, FL 34212

☐ Delete

TITLE MGR
NAME SIMON, BARBARA
STREET ADDRESS 409 COUNTRY MEADOWS WAY
CITY- ST- ZIP BRADENTON, FL 34212

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TITLE
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CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE
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CITY- ST- ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Domestic Phone #

REINSTATEMENT

08-09

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05/14/09--01013--014 **277.50