

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000048501

**FILED**  
**Oct 12, 2005**  
**Secretary of State**

**Entity Name:** NORTHEAST FLORIDA RADIOLOGY ASSOCIATES, P.L.

**Current Principal Place of Business:**

8652 CATHEDRAL OAKS PLACE, WEST  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

4066 MC GIRTS BLVD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

8652 CATHEDRAL OAKS PLACE, WEST  
JACKSONVILLE, FL 32217

**New Mailing Address:**

4066 MC GIRTS BLVD  
JACKSONVILLE, FL 32210

**FEI Number:** 51-0545509      **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:**

WILF, LARRY H  
8652 CATHEDRAL OAKS PLACE, WEST  
JACKSONVILLE, FL 32217      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:** LARRY HABELSON WILF

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** DR ( ) Change (X) Addition  
**Name:** WILF, LARRY H  
**Address:** 8652 CATHEDRAL OAKS PLACE, WEST  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** DR ( ) Change (X) Addition  
**Name:** PENTALERI, MICHAEL D  
**Address:** 4066 MCGIRTS BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32210

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:** LARRY HABELSON WILF

DR

10/12/2005

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