2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# L04000086192

Entity Name: IMAGING CONSULTANTS LLC

Current Principal Place of Business:

612 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

612 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 20-1923066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAGRANI, MARK
612 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: MARK NAGRANI

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	THE MARK NAGRANI IRR, EVOCABLE TRST	
Address:	612 PALMETTO STREET	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	MGRM	( ) Delete
Name:	THE NICOLE NAGRANI I, RREVOCABEL TRU S T	
Address:	612 PALMETTO STREET	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	MGRM	( ) Delete
Name:	HEATH FAMILY LIMITED, PARTNERSHIP	
Address:	2126 VILLA WAY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	MGRM	( ) Delete
Name:	ENGLER, KEITH J	
Address:	460 GRANADA ST	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: KEITH ENGLER MGRM 03/27/2009

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