

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Sep 30, 2008  
Secretary of State**

DOCUMENT# L05000023354

Entity Name: MEDIAGNOSTIC & ASSOCIATED, LLC

**Current Principal Place of Business:**

16749 NW 13TH COURT  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

16749 NW 13TH COURT  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 36-4570503      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:**

MORIYON, L S  
16749 NW 13 COURT  
PEMBROKE PINES, FL 33028      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: LUZ S MORIYON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MORIYON, LUIS E  
Address: 16749 NW 13TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

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

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: MORIYON, LUZ S  
Address: 16749 NW 13TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

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: LUZ S MORIYON

MGR

09/30/2008

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