

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000040430

Entity Name: MDIAGNOSTIX, LLC

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4486 UNIVERSITY DRIVE  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4486 UNIVERSITY DRIVE  
LAUDERHILL, FL 33351

**New Mailing Address:**

FEI Number: 20-2743780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUGUSTINE, MALCOLM L  
150 SE 2ND AVENUE  
SUITE 902  
MIAMI, FL 33131 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: MALCOLM AUGUSTINE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AUGUSTINE, MALCOLM L  
Address: 4486 UNIVERSITY DRIVE  
City-St-Zip: LAUDERHILL, FL 33351

Title: MGRM  
Name: BEBER, BERNARD B  
Address: 4486 UNIVERSITY DRIVE  
City-St-Zip: LAUDERHILL, FL 33351

I hereby 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: MALCOLM AUGUSTINE

MM

10/05/2010

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