

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000088469

FILED
Nov 30, 2011
Secretary of State

Entity Name: COCONUT GROVE IMAGING, LLC

Current Principal Place of Business:

160 NW 170TH ST.
DEPARTMENT OF RADIOLOGY
NORTH MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

PO BOX 530675.
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number: 20-3498367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROPPER, ADAM S MD
160 NW 170TH ST
DEPARTMENT OF RADIOLOGY
NORTH MIAMI, FL 33169 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: ADAM S. GROPPER, MD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GROPPER, ADAM S M.D.
Address: PO BOX 530675
City-St-Zip: MIAMI SHORES, FL 33153

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: ADAM S. GROPPER, MD

MGR

11/30/2011

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