

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000011164

**FILED**  
**Dec 12, 2008**  
**Secretary of State**

**Entity Name:** DIAGNOSTIC CENTER FOR DISEASE LEASING, LLC

**Current Principal Place of Business:**

1250 TAMIAMI TRAIL  
SUITE 101 N.  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1250 TAMIAMI TRAIL  
SUITE 101 N.  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 20-4224835      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

COMPTON, JOHN M  
1819 MAIN STREET  
SARASOTA, FL 34236      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:** JOHN COMPTON

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** WHEELER, RONALD DR  
**Address:** 1250 TAMIAMI TRAIL  
**City-St-Zip:** SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

**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:** RONALD E. WHEELER, M.D.

MGR

12/12/2008

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