2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L06000049700

Entity Name: ROCKLEDGE MRI AND PET CENTER, LLC

Current Principal Place of Business:

1739 HUNTINGTON LANE, SUITE 115
ROCKLEDGE, FL 32955

New Principal Place of Business:

1910 ROCKLEDGE BLVD
SUITE 102
ROCKLEDGE, FL 32955

Current Mailing Address:

1739 HUNTINGTON LANE, SUITE 115
ROCKLEDGE, FL 32955

New Mailing Address:

1910 ROCKLEDGE BLVD
SUITE 102
ROCKLEDGE, FL 32955

FEI Number: 56-2592640 **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:

NIAZI, WASIM MD
1910 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

NIAZI, WASIM MD
1910 ROCKLEDGE BLVD
SUITE 102
ROCKLEDGE, FL 32955 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: WASIM NIAZI 01/11/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NIAZI, WASIM M.D.
Address: 1910 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NIAZI, WASIM M.D.
Address: 1910 ROCKLEDGE BLVD SUITE 102
City-St-Zip: ROCKLEDGE, FL 32955

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: WASIM NIAZI MGR 01/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date