

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000035171

**FILED**  
**Oct 11, 2009**  
**Secretary of State**

**Entity Name:** M D DIAGNOSTIC SPECIALIST, LLC

**Current Principal Place of Business:**

668 N. ORLANDO AVE  
SUITE 1005  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

668 N. ORLANDO AVE  
SUITE 1005  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-5040118      **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:**

FLYNN, ERIN E  
668 N. ORLANDO AVENUE, SUITE 1005  
MAITLAND, FL 32751 US

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

CAPALDO, DANA  
668 N. ORLANDO AVENUE, SUITE 1005  
MAITLAND, FL 32751 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: DANA CAPALDO

10/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGM ( ) Delete  
Name: MAHAN, SEAN MD  
Address: 668 N. ORLANDO AVE,M SUITE 1005  
City-St-Zip: MAITLAND, FL 32751

**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: SEAN B. MAHAN

MGR

10/11/2009

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