

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000064671

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** TRI-COUNTY DIAGNOSTIC & IMAGING SERVICES, LLC

**Current Principal Place of Business:**

12973 SW 112TH STREET  
117  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12973 SW 112TH STREET  
117  
MIAMI, FL 33186

**New Mailing Address:**

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

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

RAMAZINI, JOHNNY  
12973 SW 112TH STREET  
117  
MIAMI, FL 33186 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: JOHNNY RAMAZINI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RAMAZINI, JOHNNY  
Address: 12973 SW 112TH STREET, SUITE #117  
City-St-Zip: MIAMI, FL 33186

Title: NMGM  
Name: RAMAZINI, BUNNY C  
Address: 12973 SW 112TH STREET STE # 117  
City-St-Zip: MIAMI, FL 33186

Title: NMGM  
Name: PORRAS, ANA S  
Address: 12973 SW 112TH STREET, STE. 117  
City-St-Zip: MIAMI, FL 33186

Title: NMGM  
Name: PORRAS, JOSE A  
Address: 12973 SW 112TH STREET, STE. 117  
City-St-Zip: MIAMI, FL 33186

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: JOHNNY RAMAZINI

MGR

02/09/2011

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