2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000107775

City-St-Zip:

Entity Name: DIAGNOSTIC MEDICAL IMAGING, LLC

FILED Dec 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2170 W 68 ST	
A 1-2 HIALEAH, FL 33016 US	
Current Mailing Address:	New Mailing Address:
2170 W 68 ST A 1-2 HIALEAH, FL 33016 US	
FEI Number: 26-1288029 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 of Name and Address of Current Registered Agent:	ompany did not receive the prior notice. Name and Address of New Registered Agent:
12740 COUNTRY SIDE TRR COOPER CITY, FL 33330 US The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered office or registered agent, or both
SIGNATURE: MARK SUSMAN	
Electronic Signature of Registered A	gent Date
MANAGING MEMBERS/MANAGERS:	ADDITIONS/CHANGES:
Title: MGRM () Delete Name: MACHADO, SOLANGIE Address: 5200 SW 113 AVE City-St-Zip: DAVIE, FL 33330 US	Title: MGRM (X) Change () Addition Name: MACHADO, DENIS Address: 5200 SW 113 AVE City-St-Zip: DAVIE, FL 33330 US
Title: () Delete Name: Address: City-St-Zip:	Title: MGRM () Change (X) Addition Name: MACHADO, SOLANGIE Address: 5200 SW 113 AVE City-St-Zip: DAVID, FL 33330 US
Title: () Delete Name: Address: City-St-Zip:	Title: MGRM () Change (X) Addition Name: VILARINO, ANTONIO Address: 5870 SW 76 AVE City-St-Zip: DAVID, FL 33328 US
Title: () Delete Name: Address:	Title: MGRM () Change (X) Addition Name: VILARINO, RAMON Address: 502 MILITARY TRAIL

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.

City-St-Zip: WEST PALM BEACH, FL 33415 US

SIGNATURE: DENIS MACHADO MGRM 12/08/2008