

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000116157

**FILED**  
**Sep 29, 2011**  
**Secretary of State**

**Entity Name:** PHOENIX DIAGNOSTICS ENTERPRISES, LLC

**Current Principal Place of Business:**

10220 STATE RD. 84, #5  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

10220 STATE RD. 84, #5  
DAVIE, FL 33324

**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:**

ANGLIN, DENNIS  
10220 STATE ROAD 84  
SUITE 5  
DAVIE, FL 33324 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: DENNIS ANGLIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ANGLIN, MISTY  
Address: 10220 STATE RD. 84, #5  
City-St-Zip: DAVIE, FL 33324

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: MITSY ANGLIN

MGR

09/29/2011

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