

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000004201

FILED
Oct 23, 2009
Secretary of State

Entity Name: FLORIDA BEDSIDE IMAGING, LLC

Current Principal Place of Business:

6191 ORANGE DRIVE
SUITE 4466
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6191 ORANGE DRIVE
SUITE 4466
DAVIE, FL 33314

New Mailing Address:

FEI Number: 26-3713376 **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:

Name and Address of New Registered Agent:

SHIR, GUY M ESQ.
1800 N.W. CORPORATE BLVD.
SUITE 102
BOCA RATON, FL 33431 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: GUY SHIR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOPLOWITZ, BRUCE
Address: 6191 ORANGE DRIVE, SUITE 4466
City-St-Zip: DAVIE, FL 33314

Title: MGR () Delete
Name: ROSEBROUGH, DENNIS F
Address: 6191 ORANGE DRIVE, SUITE 4466
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE KOPLOWITZ

MGR

10/23/2009

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