

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000067283

FILED  
Nov 20, 2014  
Secretary of State

**Entity Name:** ALL SOUTH NEURODIAGNOSTICS LLC

**Current Principal Place of Business:**

17201 S.W. 84TH AVENUE  
MIAMI, FL 33157

**New Principal Place of Business:**

17201 S.W. 84TH AVENUE  
MIAMI, FL 33157 UN

**Current Mailing Address:**

17201 S.W. 84TH AVENUE  
MIAMI, FL 33157

**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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: NATALIA UTRERA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: RISKO, MARLYNE  
Address: 17201 S.W. 84TH AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: MGR  
Name: BEAN, PATRICK C  
Address: 17201 S.W. 84TH AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: S  
Name: RISKO, JOZSEF A  
Address: 17201 S.W. 84TH AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: T  
Name: RISKO, JOZSEF  
Address: 17201 S.W. 84TH AVENUE  
City-St-Zip: MIAMI, FL 33157

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MARLYNE RISKO

MRS.

11/20/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date