

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6384

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855) 498-5500
 Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
RADIOLOGY SPECIALISTS OF NORTH FLORIDA LLC**


Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

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DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L16000229288					
1. Limited Liability Company's Name RADIOLOGY SPECIALISTS OF NORTH FLORIDA LLC					
2. Principal Office Address - No P.O. Box 210 S Federal Hwy			3. Mailing Office Address 210 S Federal Hwy		
Suite Apt. #, etc. Suite 403			Suite, Apt. #, etc. Suite 403		
City & State Hollywood, FL			City & State Hollywood, FL		
Zip 33020		Country USA		Zip 33020	
Country USA		Country USA		Country USA	
8. Name and Address of Current Registered Agent					
CAPITOL CORPORATE SERVICES, INC.					
Street Address, P.O. Box Number or Not Acceptable? Suite 515 E PARK AVE					
Apt. # Etc. FLOOR 2					
City TALLAHASSEE		State FL		Zip Code 32301	
9. I am appointing the registered agent of the above named limited liability company, an individual, and accept the obligations of Chapter 603, F.S. Signature of Registered Agent: <u>Kim Tadlock</u> Kim Tadlock , Asst. Sec. on behalf of Capitol Corporate Services, Inc. Date: 10/23/2018 REGISTERED AGENT MUST SIGN.					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	JOSHUA YELLIN, MD	610 John Churchill Chase Loft 1		New Orleans, LA 70130	
MGR	MARK GRNJA	210 S Federal Hwy Suite 403		Hollywood, FL 33020	
MGR	DARYL EBER	210 S Federal Hwy Suite 403		Hollywood, FL 33020	
OCT 26 2018					
C SNEAD					
11. E-mail Address: <u>joshuayellin@yahoo.com</u>					
12. I certify that I am an authorized representative/manager of the recover of justice empowered to execute this application as provided for in Chapter 603, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that the information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/manager: <u>Joshua Yellin</u>				Date: 10/23/18	
Typed or printed name of signing authorized representative/manager: Joshua Yellin, MD				Daytime Phone #: 504-473-8563	