

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 SEP 23 11:09:06

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 610 John Churchill Chase St	
Suite, Apt. #, etc. 403		Suite, Apt. #, etc. 1	
City & State Hollywood, FL		City & State New Orleans, LA	
Zip 33020	Country USA	Zip 70130	Country USA

CR2E041 (U14)

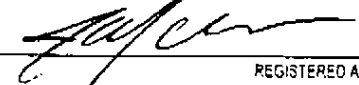
4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 2-24-2017	
6. FEI Number 81-5481268	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name Joshua Yellin MD			
Street Address (P.O. Box Number is Not Acceptable) Suite, 210 S. Federal HWY			
Apt. #, Etc. 403			
City Hollywood	State FL	Zip Code 33020	

300886798863
09/23/19--01025--008 **125.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date **9-23-19**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City/State/Zip
Manager	Joshua Yellin	210 S. Fedral Hwy, suite 403	Hollywood, FL 33020

11. E-mail Address: **joshuayellin@yahoo.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 false 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/member  Date **9-23-19** Daytime Phone # **813 973 8863**

Typed or printed name of signing authorized representative/member