

L970000000005

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

DKRC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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Corporate Filing Menu

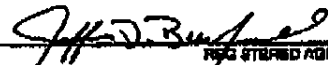
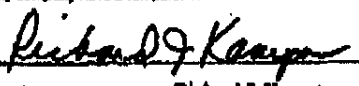
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SECRETARY OF STATE
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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L97000000005</u>					
1. Limited Liability Company's Name DKRC, LLC					
2. Principal Office Address 4400 Renaissance Parkway		2. Mailing Office Address 4400 Renaissance Parkway		4. State/Country of Formation Florida, USA	
State, Apt. #, etc. Suite L		State, Apt. #, etc. Suite L		5. Date Organized or Qualified To Do Business in Florida December 20, 1996	
City & State Warrensville Heights, Ohio		City & State Warrensville Heights, Ohio		6. FBI Number 65-0718594	
Zip 44128	Country USA	Zip 44128	Country	7. CERTIFICATE OF STATUS DESIRED ☐	
8. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
State, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33324
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 		Jeffrey D. Butterfield Assistant Secretary		Date <u>12/1/06</u>	
10. Names and Street Addresses of Managing Member/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
Mgrm	Regional Diagnostic Holdings, LLC	2665 So. Bayside Drive, Suite 800		Miami, FL 33133	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I am filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.406, 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.					
Signature of Managing Member/Manager 		Date <u>11/30/06</u>		Daytime Phone # <u>216-418-6098</u>	
Typed or printed name of signing Managing Member/Manager Richard J. Kampa					

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