FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 15 AM 9:56

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L97000000005

1. Entity Name
DKRC, LLC

000110842660
10/16/07--01021--002 **200.00

Principal Place of Business	Mailing Address
4400 RENAISSANCE PARKWAY SUITE L WARRENSVILLE HEIGHTS, OH 44128	4400 RENAISSANCE PARKWAY SUITE L WARRENSVILLE HEIGHTS, OH 44128
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09252007 REIN-LLC CR2E101 (1/07)

4. FEI Number: 65-0718594 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara A Burke 10-2-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM REGIONAL DIAGNOSTICS HOLDINGS, LLC 2665 SO. BAYSHORE DR. STE. 800 MIAMI, FL 33133 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Spectrum Diagnostic Imaging, LLC 4400 Renaissance Pkwy, Ste L. Cleveland, OH 44128 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Ron C[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #