

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L97000000005

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** REGIONAL DIAGNOSTICS, LLC

**Current Principal Place of Business:**

4400 ROCKSIDE ROAD  
SUITE 1100  
INDEPENDENCE, OH 44131

**New Principal Place of Business:**

150 SW 12 AVE  
102  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

4400 ROCKSIDE ROAD  
SUITE 1100  
INDEPENDENCE, OH 44131

**New Mailing Address:**

150 SW 12 AVE  
102  
POMPANO BEACH, FL 33069

**FEI Number:** 65-0718594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SPECTRUM DIAGNOSTIC IMAGING, LLC  
Address: 4400 ROCKSIDE ROAD  
City-St-Zip: INDEPENDENCE, OH 44131

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 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: SPECTRUM DIAGNOSTIC IMAGING, LLC

MGRM

01/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date