

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 27 PM 11:02

DOCUMENT # L98000602622

1. Limited Liability Company's Name

Florida Diagnostic Associates, L.L.C.

**REINSTATEMENT** 2000

2. Principal Office Address

8700 N. Kendall Dr.

Suite, Apt. #, etc.

Suite 212

City & State

Miami Florida

Zip

33176

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

10/6/88

6. FEI Number

65-0873986

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ronald Fieldstone

000003456250

4

Street Address (P.O. Box Number is Not Acceptable)

200 South Biscayne Blvd. 201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 601

City

Coral Gables

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Man. Director	Susan Van Houten	11443 Key Deer Circle	Lake Worth, FL 33467
Man. Director	Maria Pardini	12221 SW 120 <sup>th</sup> Avenue	Miami, FL 33186

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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 10/20/00

Daytime Phone # 561-333-0073

Typed or printed name of signing Managing Member/Manager

Susan Van Houten