



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L98000003366 1. Limited Liability Company's Name INNOVATIVE MEDICAL IMAGING, LLC			
2. Principal Office Address 8903 Glades Road Suite, Apt. #, etc. Suite A-8 City & State Boca Raton, FL Zip 33434 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 12-23-98	
6. FEI Number 65-0891235		Applied For 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 Arnold Needleman		700003047857-5	
Street Address (P.O. Box Number is Not Acceptable) 8903 Glades Road		-11/17/99-01102-007 ****150.00 ****150.00	
Suite, Apt. #, Etc. Suite A-8			
City Boca Raton		State FL	Zip Code 33434

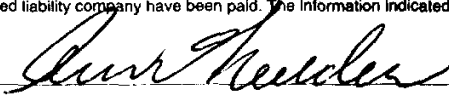
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent:  Date: 10/25/99

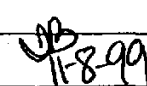
REGISTERED AGENT MUST SIGN

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
MGR	Arnold Needleman	8903 Glades Road, Suite A-8	Boca Raton, FL 33434

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: 10/25/99 Daytime Phone # (561) 218-9011

Typed or printed name of signing Managing Member/Manager: **ARNOLD NEEDLEMAN**



CR2041 (9/99)