PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001

LIMITED LIABILITY COMPANY REINSTATEMENT

UBR

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

FILED
01 OCT 26 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000481

1. Limited Liability Company's Name
OPEN MRI OF SOUTH MIAMI, LLC

2. Principal Office Address	3. Mailing Office Address
6161 SUNSET DRIVE	4400 RENAISSANCE PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE A	SUITE L
City & State	City & State
MIAMI, FL	WARRENSVILLE HTS, OH
Zip / Country	Zip / Country
33143 / USA	44128 / USA

4. State/Country of Formation: FL
5. Date Organized or Qualified To Do Business in Florida: 1/16/99
6. FEI Number: 650891853 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: ST. LOUIS, ROLAND R JR
100004666691--2
11/06/01--01003--011
*****50.00 *****50.00
Street Address (P.O. Box Number is Not Acceptable): THE COLONNADE, SUITE 1108
Suite, Apt. #, Etc.: 2333 PONCE DE LEON BOULEVARD
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: [signature] REGISTERED AGENT MUST SIGN
Date: 10-22-01

CR2E041 (1/00)

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
MGRM	JVZ PARTNERS, LTD	4400 RENAISSANCE PKWY, STE L	WARRENSVILLE HTS. OH 44128

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: [signature] Date: 10-22-01 Daytime Phone # 216 464 8484

Typed or printed name of signing Managing Member/Manager: _____