

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 15 AM 10:39

DOCUMENT # **L99000003381**

1. Limited Liability Company's Name

RADIOLOGY ASSOCIATES, II, L.L.C.

2. Principal Office Address

1026 SW 2nd Avenue

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32601

Country

USA

3. Mailing Office Address

1026 SW 2nd Avenue

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32601

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6/11/99

6. FEI Number

59-3583784

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARK A. COEL, ESQ.

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

4000 HOLLYWOOD BOULEVARD

Suite, Apt. #, Etc.

SUITE 350 NORTH

City

HOLLYWOOD, FL

State

FL

Zip Code

33021

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 5/1/01

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
MGRM	Mary Adlerman, M.D.	1026 SW 2nd Avenue	Gainesville, FL 32601
MGRM	Preston R. Lotz, M.D.	1026 SW 2nd Avenue	Gainesville, FL 32601
MGRM	Mark F. Patlovich, M.D.	1026 SW 2nd Avenue	Gainesville, FL 32601
MGRM	John S. Shahan, M.D.	1026 SW 2nd Avenue	Gainesville, FL 32601

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****200.00 ****200.00

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 5-8-2001 Daytime Phone # 352/338-2171

Typed or printed name of signing Managing Member/Manager MARK PATLOVICH, M.D.