2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# L99000003381

Entity Name: RADIOLOGY ASSOCIATES, II, L.L.C.

Current Principal Place of Business:

1026 S.W. 2ND AVENUE
STE F
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1026 S.W. 2ND AVENUE
STE F
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3583784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COEL, MARK A ESQ.
ONE LINCOLN PLACE
1900 GLADES ROAD,SUITE 350
BOCA RATON, FL 334310000 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: MARK A. COEL

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ADLERMAN, MARY G M.D.	
Address:	1026 S.W. 2ND AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MGRM	( ) Delete
Name:	LOTZ, PRESTON R M.D.	
Address:	1026 S.W. 2ND AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MGRM	( ) Delete
Name:	PATLOVICH, MARK F M.D.	
Address:	1026 S.W. 2ND AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MGRM	( ) Delete
Name:	SHAHAN, JOHN S	
Address:	1026 S.W. 2ND AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: MARK F. PATLOVICH, M.D. DR. 10/05/2005

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