

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

01 NOV 16 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-7215

1. Limited Liability Company's Name

Panama City Open MRI + Imaging, LLC

2. Principal Office Address

4300 North Point PKy

Suite, Apt. #, etc.

3. Mailing Office Address

106 Medical Center Dr

Suite, Apt. #, etc.

City & State

Alpharetta GA

City & State

Panama City FL

Zip

30022

Country

USA

Zip

32405

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

John K. Luke

400004707044-2

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

106 Medical Center Dr.

-12/06/01--01003--016

\*\*\*\*100.00 \*\*\*\*100.00

Suite, Apt. #, Etc.

400004707044-2

-12/06/01--01003--017

City

Panama City

State \*\*\*\*50.00 \*\*\*\*50.00

FL 32405

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

*John K. Luke*

REGISTERED AGENT MUST SIGN

Date 11/13/01

**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
Pres	John K. Luke	4300 North Point PKy	Alpharetta GA 30022
CEO	Gene Venesky	4300 North Point PKy	Alpharetta GA 30022
Sect	Thomas C. Gentley	4300 North Point PKy	Alpharetta GA 30022

REINSTATEMENT

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

*Thomas C. Gentley*

Date 10/26/01

Daytime Phone #

770-300-0101

Typed or printed name of signing Managing Member/Manager

Thomas C. Gentley

CR2041 (9/01)