

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M04000001472

**FILED**  
**Oct 11, 2007**  
**Secretary of State**

**Entity Name:** VYMED DIAGNOSTIC IMAGING / TAMPA, LLC

**Current Principal Place of Business:**

10010 DALE MABRY HWY  
SUITE 160  
TAMPA, FL 33618

**New Principal Place of Business:**

**New Mailing Address:**

555 SUN VALLEY DR STE P-4  
ROSWELL, GA 30076

**Current Mailing Address:**

2365 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

FEI Number: 20-0881710      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

WARD, DONALD  
5081 ORTEGA FOREST DR.  
JACKSONVILLE, FL 32210      US

**Name and Address of New Registered Agent:**

COUSIN, ALAN MD  
10010 N DALE MABRY HWY STE 160  
TAMPA, FL 33618      US

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: ALAN COUSIN MD

10/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DUNCAN, WILLIAM J PH.D  
Address: 555 SUN VALLEY DRIVE SUITE P-4  
City-St-Zip: ROSWELL, GA 30076

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM J DUNCAN PHD

MGR

10/11/2007

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