

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M04000001472

**FILED**  
**Sep 27, 2010**  
**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:**

**Current Mailing Address:**

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

**New Mailing Address:**

P O BOX 1029  
HOGANSVILLE, GA 30230

**FEI Number:** 20-0881710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

COTTON, ERIC 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: ERIC COTTON MD

09/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DUNCAN, WILLIAM J PH.D  
Address: 633 RALLS RD  
City-St-Zip: HOGANSVILLE, GA 30230

I hereby 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

MGR

09/27/2010

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