

M08000003277

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Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT SELECTMRI ACQUISITION, LLC

Certificate of Status	1
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LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000003277

1. Limited Liability Company's Name
SelectMRI Acquisition, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 841 Prudential Drive		3. Mailing Office Address 841 Prudential Drive	
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc. Suite 900	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32207	Country U.S.	Zip 32207	Country U.S.

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 07/14/2008	
6. FEI Number 364624454	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>§ 8.07 of the rules and regulations of the Department of State</small>	

8. Name and Address of Current Registered Agent

Name
CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 East Park Ave.

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

E-mail Address:
bob@nextimgmedical.com
(To be used for future annual report notices)

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 *Michele Holden* Michele Holden, Asst. Secretary Date 01/05/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Member	NextImage Medical, Inc.	3390 Carmel Mountain Road, Suite 150	San Diego, CA 92121

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Robert P. Gargiari* Date 1/5/12 Daytime Phone # 858-764-8007

Typed or printed name of signing Managing Member/Manager Robert P. Gargiari, CFO, NextImage Medical, Inc., Managing Member