PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	in to
DOCUMENT # 179900001052		1
1. Limited Liability Company's Name)
REGIONAL DIAGNOSTICS, LLC		1000047773311 -01/16/0201027015 ****150.00 ****150.00
2. Principal Office Address	3. Mailing Office Address 95 GUASTONSUEY BOULENARD	
1931 W. MLK JE BOUSUARD	SAFEL	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DE
SUITE A	STE 3º0 Feel	5. Date Organized or Qualified To Do Business in Florida G 10 9
City & State	City & State GLASTOUSVEY	6. FEI Number - Applied For
TAMPA, FL	Causeres Causeres	- 593585406 Not Applicable
Zip————————————————————————————————————	Country USA	7.
	8. Name and Address of Current Re	gistered Agent
Name CoePoeAnon Seevice ComPany Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STEEET Suite, Apt. #, Etc.		
TALAHASSEE State Zip Code FL 32301		
Signature of Registered Agent Page Agent Agent MUST SIGN Date 12/31/01		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage	Street Address of Managing Member/	
MGEM CAMBER COMPANIES SOUTHEAST, C	LC SOITE A	BOULENARD TAMPA, FE : 33607
		Rein 100 11BR 50
REINSTATEMENT 2001		
11. 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 in 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 Date 1/27/01 Phytime Phone #600 657 2703		