


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -3 PM 1:07

DOCUMENT # P02000005526	
1. Entity Name LAMONOSA MANAGEMENT, INC.	

Principal Place of Business C/O RADIOLOGY DEPARTMENT MIAMI CHILDRENS HOSPITAL 3100 S.W. 62ND AVENUE MIAMI, FL 33155	Mailing Address C/O RADIOLOGY DEPARTMENT MIAMI CHILDRENS HOSPITAL 3100 S.W. 62ND AVENUE MIAMI, FL 33155
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2. Principal Place of Business	3. Mailing Address 9400 S DADELAND BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 111

City & State	City & State MIAMI, FL
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Zip	Country	Zip	Country
33156		33156	

11102004 REIN-P CR2E098 (6/04)	
4. FEI Number 03-0380890	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAMONT & NEIMAN, P.A. TWO SOUTH BISCAYNE BLVD. SUITE 3550 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name: LINDA D THOMAS Street: 100 W. SAN MARINO DR City: MIAMI BEACH FL 33139	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Linda D Thomas, JD</i>	DATE: 10/15/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, DONALD 3100 S.W. 62ND AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100043169551 12/03/04--01032--007 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, SANFORD 2555 BAY DRIVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>W.H. Altman</i>	DATE: 10/15/04 (305) 667-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	