

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000074146

**Entity Name:** MIAMI LAKES RADIOLOGY, CORP.

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

15600 NW 67TH AV.  
SUITE 201//304  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15600 NW 67TH AV.  
SUITE 201//304  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 27-0868145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARRIAGA, SAMUEL  
15600 NW 67TH AV.  
SUITE 201//304  
MIAMI LAKES, FL 33014 US

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

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:** SAMUEL ARRIAGA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ARRIAGA, SAMUEL  
**Address:** 15600 NW 67TH AV. SUITE 201//304  
**City-St-Zip:** MIAMI LAKES, FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SAMUEL ARRIAGA

P

11/10/2010

Electronic Signature of Signing Officer or Director

Date