

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 8:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F0100000029**

1. Corporation Name

AMERICAN DIAGNOSTIC MEDICINE, INC.

Principal Place of Business

3404 NO. LECANTO HIGHWAY
 BEVERLY HILLS FL 34465

Mailing Address

960 INDUSTRIAL DR., STE 7
 ELMHURST IL 60126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3351715

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KANCHERLAPALLI, SAMUEL	960 INDUSTRIAL DR., SUITE 7	ELMHURST IL 60126
VPVC	KANCHERLAPALLI, ANAND	241 WESLEY	OAK PARK IL 60302
S	GARVIN, STEPHEN D	4760 ST. JOSEPH CREEK	LISLE IL 60532

300008811583
 11/05/02--01094--026 **150.00

8. Name and Address of Current Registered Agent

GARVIN, STEPHEN D
 C/O 3404 NO. LECANTO HIGHWAY
 BEVERLY HILLS FL 34465

9. Name and Address of New Registered Agent

Name: **ADAM SULICH, c/o AMERICAN DIAGNOSTIC MEDICINE**
 Street Address (P.O. Box Number is Not Acceptable):
3404 NORTH LECANTO HIGHWAY
 Suite, Apt. #, Etc.:
 City: **BEVERLY HILLS** State: **FL** Zip Code: **34465**

CR2E040 (02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/22/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
AMUEL KANCHERLAPALLI

800-262-9645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



October 22, 2002

Mr. Jim Smith
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Mr. Smith:

I am submitting the enclosed completed application for reinstatement with a check for the \$150.00 UBR filing fee. American Diagnostic Medicine, Inc. did not receive the prior UBR notices. Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Sam Kancherlapalli".

Mr. Sam Kancherlapalli
President
American Diagnostic Medicine, Inc.
FEIN 36-3351715



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American Diagnostic Medicine

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