

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F0100000029*

1. Corporation Name
AMERICAN DIAGNOSTIC MEDICINE, INC.

2. Principal Office Address
3404 NO

Suite, Apt. #, etc.

City & State
BEVERLY HILLS, FL

Zip
34465

Country

3. Mailing Office Address
960 INDUSTRIAL DR

Suite, Apt. #, etc.
STE 7

City & State
ELMHURST, IL

Zip
60126

Country

4. Date Incorporated or Qualified
To Do Business in Florida 01/02/2001

5. FEI Number
36-3351715

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *03-05*

7. Name and Address of Current Registered Agent

Name
Chris Richard

Street Address (P.O. Box Number is Not Acceptable)
3933 Moreno Dr.

Suite, Apt. #, Etc.

City
Palm Harbor

State
FL

Zip Code
34685

300055546853
*06/01/05--01005--017 **1050.00*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Chris Richard

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Chris Richard	3933 Moreno Dr.	Palm Harbor, FL 34685
V.P.	Anand Kancherlapalli	960 Industrial Dr. Ste 7	Elmhurst, IL 60126
Secr.	Sam Kancheriapalli	960 Industrial Dr. Ste 7	Elmhurst, IL 60126
CFO	Rick Nassenstein	960 Industrial Dr. Ste 7	Elmhurst, IL 60126
			<i>03/06</i>

10. 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:

Rick Nassenstein

Rick Nassenstein

5/27/05

630-834-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E081 (01/05)