SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING T

10 FEB -2 PM 2:59

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000006521

1. Corporation Name

American Radiologist Network Inc.

500167669535
02/02/10--01011--024 **158.75

CR2E031 (11/00) 08-10

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2298 NW 60th Street		2298 NW 60th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33496	USA	33496	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/16/2006

5. FEI Number 113738470 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Charles Mandell

Street Address (P.O. Box Number is Not Acceptable): 2298 NW 60th Street

Suite, Apt. #, Etc.:

City: Boca Raton | State: FL | Zip Code: 33496

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Charles Mandell Date: January 13, 2010

REGISTERED AGENT MUST SIGN

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
D/C/S	Charles Mandell	2298 NW 60th Street	Boca Raton, FL 33496
D/P/T	Neil Iyer	1041 Poplar Ct	Simi Valley, CA 93065

REINSTATEMENT

500167669535
02/01/10--01004--002 **300.00

08-10
2/2/10

10. E-mail Address: neeliyer@prodigy.net
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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: Neil Iyer, President 1/13/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #