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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

OP JAN 18 PM 3:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F99000003598

1. Corporation Name ALLIANCE MEDICAL CORPORATION DOING BUSINESS IN FLORIDA AS ALLIANCE MEDICAL REPROCESSING CORPORATION

2. Principal Office Address 10232 S. 51st St. Suite, Apt. #, etc.

3. Mailing Office Address 10232 S. 51st St. Suite, Apt. #, etc.

900003581489--7 -01/26/01--01077--002 \*\*\*\*908.75 \*\*\*\*908.75

City & State Phoenix, AZ Zip 85044 Country U.S.

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4. Date incorporated or Qualified To Do Business in Florida 07/13/99 5. FEI Number 860898793 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324

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 Connie Boyan REGISTERED AGENT MUST SIGN Date 1-18-01

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes handwritten 'REINSTATEMENT 00-01' and 'SEE ATTACHED'.

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)(j), 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: TIM EINWECHTER, CFO Date 01/17/01 Daytime Phone # 480-763-5300

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ATTACHMENT TO CORPORATION REINSTATEMENT FORM  
OF ALLIANCE MEDICAL CORPORATION  
DOING BUSINESS IN FLORIDA AS  
ALLIANCE MEDICAL REPROCESSING CORPORATION

Item 9. Names and Street Addresses of Each Officer and/or Director

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director
D/CEO	Rick Ferreira	10232 S. 51st St., Phoenix, AZ 85044
CFO	Tim Einwechter	10232 S. 51st St., Phoenix, AZ 85044
D	Jim Bochnowski	3000 Sand Hill Road, Bldg. 1, Suite 135, Menlo Park, CA 94025
D	Janet Effland	2100 Geng Road, Palo Alto, CA 94303
D	Henry Klyce	1900 Bates Ave., Suites L and M, Concord, CA 94520
D	Pete McNerney	60 South 6th Street, Suite 3510, Minneapolis, MN 55402
D	Anthony Viscogliosi	505 Park Avenue, 14th Floor, New York, NY 10022
D	Terry Winters	6720 N. Scottsdale Road, Suite 280, Scottsdale, AZ 85253