PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -5 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****383.75 ****383.75

DOCUMENT # P92000010985

1 Corporation Name
MID STATE IMAGING, P.A.

Principal Place of Business / Mailing Address
668 N. ORLANDO AV. Suite 1005-A
MAITLAND, FL. 32751

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

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3 New Mailing Address, If Applicable
above	above
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida: NOV. 12, 1992

5 FEI Number: 58-176 7314 — Applied For / Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES. (P)(D)	Ronald L. Woodburn, M.D.	668 N. ORLANDO AV. Ste 1005-A	MAITLAND, FL 32751
V. Pres. (V)(D)	Shaun P. Woodburn,	2115 Grand Brook Circle,	ORLANDO, FL 32810
(S)(D)	R. Scott Woodburn	1322A 401 W. SEMINOLE BLVD #145,	SANFORD, FL 32771

8 Name and Address of Current Registered Agent

RONALD L. WOODBURN, M.D.
668 N. ORLANDO AV. Ste 1005-A
MAITLAND, FL 32751

9 Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): JB 12-5-96
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (12/95)

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.

Signature of Registered Agent: R. L. Woodburn M.D.
REGISTERED AGENT MUST SIGN
Date: Nov 29, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: R. L. Woodburn M.D. R.L. WOODBURN, M.D. (407) 740-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #