PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 JAN 22 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000083245**

1. Corporation Name

PINES RADIOLOGY CENTER, INC.

Principal Place of Business	Mailing Address
~~9050 PINES BLVD.~~ PEMBROKE PINES FL 33024	2450 HOLLYWOOD BLVD. 300 HOLLYWOOD FL 33020 US

REINSTATEMENT 00-01

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
9050 Pines Blvd	
Suite, Apt. #, etc.: Suite 160	Suite, Apt. #, etc.
City & State: Pembroke Pines	City & State
Zip: 33024 Country: Broward	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/09/1996

5. FEI Number: 65-0730095 ☐ 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 3	City / State / Zip 4
PD	GRNJA, VLADIMIR M.D.	9050 PINES BLVD.	PEMBROKE PINES FL 33024
VP	SCHNEIDER, JOEL M.D.	9050 PINES BLVD.	PEMBROKE PINES FL 33024
STD	MARTINSON, TIM	9050 PINES BLVD.	PEMBROKE PINES FL 33024
			600003602916--7 -01/30/01--01130--030 ****900.00 ****900.00
			600003602916--7 -01/30/01--01130--031 ******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GRNJA, MARK 2450 HOLLYWOOD BLVD SUITE 300 HOLLYWOOD FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 1/5/2001
REGISTERED AGENT MUST SIGN

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 — 1/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #