

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV 13 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040325

1. Corporation Name

QUESTAR IMAGING, INC.

2. Principal Office Address - No P.O. Box #

1510 COTNER AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1510 COTNER AVE

Suite, Apt. #, etc.

City & State

LOS ANGELES, CA

City & State

LOS ANGELES, CA

Zip

90025

Country

USA

Zip

90025

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

FLORIDA

5. FEI Number

59-3315849

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

500279149155

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

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date

11/13/15

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
PTD	HOWARD G BERGER, MD	1510 COTNER AVE	LOS ANGELES, CA 90025
SEC	JEFFREY L LINDEN	1510 COTNER AVE	LOS ANGELES, CA 90025

10. E-mail Address: jlinden@radnet.com

(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

JEFFREY LINDEN, Vice Pres

Date

11/11/2015 30-445-2242

Daytime Phone #

2082

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 868041 7428323
AUTHORIZATION : *[Signature]*
COST LIMIT : ~~\$750.00~~ \$635.00

ORDER DATE : November 11, 2015
ORDER TIME : 3:28 PM
ORDER NO. : 868041-010
CUSTOMER NO: 7428323

RECEIVED
DEPARTMENT OF STATE
15 NOV 13 PM 4:40
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: QUESTAR IMAGING, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#62956

EXAMINER'S INITIALS _____