

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1998 DEC -7 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

See 12-7-98



DOCUMENT # 600539

1. Corporation Name

PASADENA RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

1609 PASADENA AVENUE SOUTH
SUITE 20
ST PETERSBURG FL 33707

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SUITE 20
ST PETERSBURG FL 33707

If all five 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/31/1968	
City & State		City & State		5. FEI Number	
Zip		Country		59-1226227	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CLARKE, KIT H.	1609 PASADENA AVE. SOUTH #2-0	ST PETERSBURG FL
V	ARTERBURN, JAMES G.	1609 PASADENA AVE. S. #2-0	ST PETERSBURG FL
S	CORNELL, BRIAN P.	1609 PASADENA AVE. S. #2-0	ST PETERSBURG FL
V	POLLACK, RONNIE S.	1609 PASADENA AVE. S. #2-0	ST. PETERSBURG FL
T	MCPHERSON, GARTH D. MD	1609 PASADENA AVE. S. #2-0	ST. PETERSBURG FL

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***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARKE, KIT H., M.D. 1609 PASADENA AVENUE, SUITE 2-0 ST PETERSBURG FL 33707	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

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] **SIGNATURE REQUIRED** Date: 12/2/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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] **SIGNATURE REQUIRED** Date: 12/2/98 Daytime Phone #: (813) 345-9349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)