

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 600539

1. Corporation Name

PASADENA RADIOLOGY ASSOCIATES, P.A.

FILED

02 FEB 26 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten initials]

REINSTATEMENT 01-02

2. Principal Office Address
6550 1st AVENUE NORTH
Suite, Apt. #, etc.

3. Mailing Office Address
6550 1st AVENUE NORTH
Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip Country
33710 USA

Zip Country
33710 USA

4. Date Incorporated or Qualified To Do Business in Florida 10/31/1968

5. FEI Number 59-1226227 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
KIT H. CLARKE, M.D.

Street Address (P.O. Box Number is Not Acceptable)
6550 1st AVENUE NORTH

Suite, Apt. #, Etc.

000005072180--2
-03/08/02--01011-005
***300.00 ***300.00

City
ST. PETERSBURG

State Zip Code
FL 33710

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 *[Handwritten Signature]*

Date 2-22-2002

REGISTERED AGENT MUST SIGN

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
P	KIT-H. CLARKE	6550 1 st AVENUE NORTH	ST. PETERSBURG, FL 33710
V	JAMES G. ARTERBURN	6550 1 st AVENUE NORTH	ST. PETERSBURG, FL 33710
S	BRIAN P. CORNELL	6550 1 st AVENUE NORTH	ST. PETERSBURG, FL 33710
T	RONNIE S. POLLACK	6550 1 st AVENUE NORTH	ST. PETERSBURG, FL 33710

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)(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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-2005 727-345-9349

Date Daytime Phone #

CR2E081 (8/01)