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John Harris, Paralegal
Requester's Name

Powell, Goldstein, Frazer, & Murphy LLP
Address

191 Peachtree Street, NE, 10th Fl.
City/State/Zip Phone #

Atlanta, GA 30303

(404) 572-6600

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Jacksonville Beaches Medical Imaging, Inc.
(Corporation Name) (Document #)

300003202399-7
-04/10/00--01155-005
*****70.00 *****70.00

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

00 APR 10 PM 12:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MJH

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Jacksonville Beaches Medical Imaging, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia
(State or country under the law of which it is incorporated)
3. 52-2224844
(FEI number, if applicable)
4. March 7, 2000
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 8300 Dunwoody Place, Suite 209
Atlanta, Georgia 30350-3304
(Current mailing address)
8. To own and operate diagnostic imaging facilities
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Darlyne Crummitt
Office Address: 1737 Arden Way
Jacksonville Beach, Florida, 32250
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Darlyne Crummitt

DARLYNE CRUMMITT
Darlyne Crummitt
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

00 APR 10 PM 12:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Robert D. Carl, III

Address: 8300 Dunwoody Place, Suite 209

Atlanta, GA 30350-3304

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Robert D. Carl, III

Address: 8300 Dunwoody Place, Suite 209

Atlanta, Georgia 30350-3304

Vice President: Michael R. Scott

Address: 8300 Dunwoody Place, Suite 209

Atlanta, Georgia 30350-3304

Secretary: Robert D. Carl, III

Address: 8300 Dunwoody Place, Suite 209

Atlanta, Georgia 30350-3304

Treasurer: Robert D. Carl, III

Address: 8300 Dunwoody Place, Suite 209

Atlanta, Georgia 30350-3304

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert D. Carl, III, President, Secretary and Treasurer

(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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POWELL, GOLDSTEIN, FRAZER & MURPHY
JOHN HARRIS
191 PEACHTREE ST
ATLANTA, GA 30303

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JACKSONVILLE BEACHES MEDICAL IMAGING, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State