

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000029

1. Corporation Name

AMERICAN DIAGNOSTIC MEDICINE, INC.

Principal Place of Business

3404 NO. LECANTO HIGHWAY
BEVERLY HILLS FL 34465

Mailing Address

960 INDUSTRIAL DR., STE 7
ELMHURST IL 60126

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2001

5. FEI Number

36-3351715

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	KANCHERLAPALLI, SAMUEL	960 INDUSTRIAL DR., SUITE 7	ELMHURST IL 60126
VPVC	KANCHERLAPALLI, ANAND	241 WESLEY	OAK PARK IL 60302
S	GARVIN, STEPHEN D	4760 ST. JOSEPH CREEK	LISLE IL 60532

3000008811583
11/05/02--01094--026 **150.00

8. Name and Address of Current Registered Agent

GARVIN, STEPHEN D
C/O 3404 NO. LECANTO HIGHWAY
BEVERLY HILLS FL 34465

9. Name and Address of New Registered Agent

Name

ADAM SULICH, c/o AMERICAN DIAGNOSTIC MEDICINE

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

3404 NORTH LECANTO HIGHWAY

Suite, Apt. #, Etc.

City

BEVERLY HILLS

State

FL

Zip Code

34465

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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
SAMUEL KANCHERLAPALLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

800-262-9645



October 22, 2002

Mr. Jim Smith
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Mr. Smith:

I am submitting the enclosed completed application for reinstatement with a check for the \$150.00 UBR filing fee. American Diagnostic Medicine, Inc. did not receive the prior UBR notices. Thank you in advance for your cooperation.

Sincerely,

Mr. Sam Kancherlapalli
President
American Diagnostic Medicine, Inc.
FEIN 36-3351715



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admenc@admaccess.com

American Diagnostic Medicine

960 Industrial Drive, Suite 7
Elmhurst, IL 60126

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