

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 25 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F01000000804

1. Corporation Name

AMICAS, INC.

300086690843
01/30/07--01028--011 **750.00

2. Principal Office Address
20 Guest Street

3. Mailing Office Address
20 Guest Street

REINSTATEMENT
CR2E081 (12/05)

06-07

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 2/9/01

City & State
Boston, MA

City & State
Boston, MA

5. FEI Number
59-2248411

Applied For
Not Applicable

Zip
02135

Country
U.S.A.

Zip
02135

Country
USA

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

300086690843
01/30/07--01028--012 **150.00

Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32301-2525

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

X [Signature]
REGISTERED AGENT MUST SIGN

Date

X 1/19/07

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
	See attached Rider		

K. Eckel JAN 25 2007

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 contained in Chapter 119, 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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Hill
Senior Vice President, CFO
Amicas, Inc.

X 1/4/2007
Date

617.779.7878
Daytime Phone #

2/2

AMICAS, Inc.

OFFICERS & DIRECTORS

List of Officers:

Name:	Stephen N. Kahane	Title: Chief Executive Officer
Bus. Address:	c/o AMICAS, Inc. 20 Guest Street Boston, MA 02135	
Name:	Peter A. McClennen	Title: President and COO
Bus. Address:	c/o AMICAS, Inc. 20 Guest Street Boston, MA 02135	
Name:	Joseph D. Hill	Title: Sr. Vice President, CFO and Corporate Secretary
Bus. Address:	c/o AMICAS, Inc. 20 Guest Street Boston, MA 02135	

List of Directors:

Name:	Stephen N. Kahane, Chairman of the Board
Bus. Address:	c/o AMICAS, Inc. 20 Guest Street Boston, MA 02135
Name:	Phillip M. Berman
Bus. Address:	c/o AMICAS, Inc. 20 Guest Street Boston, MA 02135
Name:	Stephen J. DeNelsky
Bus. Address:	c/o AMICAS, Inc. 20 Guest Street Boston, MA 02135
Name:	David B. Shepherd
Bus. Address:	c/o AMICAS, Inc. 20 Guest Street Boston, MA 02135
Name:	John J. Sviokla
Bus. Address:	c/o AMICAS, Inc. 20 Guest Street Boston, MA 02135
Name:	Lisa W. Zappala
Bus. Address:	c/o AMICAS, Inc. 20 Guest Street Boston, MA 02135