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379-0361

July 16, 2001

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

800004491838--3  
-07/23/01--01094--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: Decatur Diagnostic Associates P.A.

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

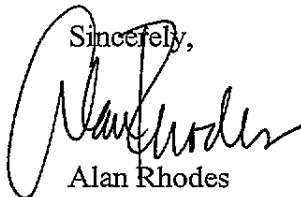
Alan Rhodes  
Underwood, Wilson, Berry, Stein & Johnson, P.C.  
P.O. Box 9158  
Amarillo, Texas 79105

For further information concerning this matter, please call:

Alan Rhodes at 806-379-0361.

Enclosed is a check for \$70.00 to cover your filing fees.

Sincerely,

  
Alan Rhodes

TAR/cd  
Enclosure  
169759

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4mtr  
7/24

**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. Decatur Diagnostic Associates P.A.  
(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. Texas 3. 75-2882157  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 22, 2000 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 410 S. Taylor, Suite 1500, Amarillo, Texas 79101  
(Principal office address)  
410 S. Taylor, Suite 1500, Amarillo, Texas 79101  
(Current mailing address)
8. Practice of Medicine  
(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: James Maurer, M.D.  
Office Address: 3600 S. Highlands  
Sebring, Florida 33870  
(City) (Zip code)

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**10. Registered agent's acceptance:**

*Having been designated 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.*

  
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Reed Shankwiler, M.D.

Address: P.O. Box 9158

Amarillo, Texas 79105-9158

Director: James W. Maurer, M.D.

Address: 3501 Van Winkle Drive

Amarillo, Texas 79121

B. OFFICERS

President: Reed Shankwiler, M.D.

Address: P.O. Box 9158

Amarillo, Texas 79105-9158

Vice President: James W. Maurer, M.D.

Address: 3501 Van Winkle Drive

Amarillo, Texas 79121

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

14. James W. Maurer, M.D.

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

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TALLAHASSEE, FLORIDA



# The State of Texas

## SECRETARY OF STATE

IT IS HEREBY CERTIFIED that  
Articles of Association of

DECATUR DIAGNOSTIC ASSOCIATES P.A.  
File No. 821201-03

were filed in this office and a certificate of association was issued to this professional association, and no certificate of dissolution is in effect and the association is currently in existence.

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*IN TESTIMONY WHEREOF, I have hereunto  
signed my name officially and caused to be  
impressed hereon the Seal of State at my office in  
Austin, Texas on May 31, 2001.*



*Henry Cuellar*  
Henry Cuellar  
Secretary of State DAA