

Division of Corporations

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**F020000004881**Florida Department of State  
Division of Corporations  
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(((H02000197885 5)))

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**MJH**

## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (678) 553-2446  
Fax Number : (678) 553-2301SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 SEP 25 AM 10:44

**FILED****FOREIGN PROFIT QUALIFICATION**

Preferred Diagnostic Centers, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 25, 2002

TRIAD PROFESSIONAL SERVICES, INC.

SUBJECT: PREFERRED DIAGNOSTIC CENTERS, INC.  
REF: W02000026801

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

FAX And. #: H02000197885  
Letter Number: 502A00052696

RECEIVED  
02 SEP 25 PM 1:19  
DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**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. Preferred Diagnostic Centers, 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. 58-2330515

(FEI number, if applicable)

4. August 27, 1997

(Date of incorporation)  
Upon qualification

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(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. 3600 Mansell Road, Suite 150, Alpharetta, Georgia 30022

(Principal office address)

(Current mailing address)

8. Healthcare services.

(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee

(City)

Florida 32301

(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.*

NRAI Services, Inc.

By:

Mary Paris, Assistant Secretary  
(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.

02 SEP 25 AM 10:44  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP. 13. 2002 3:49PM

FROM: PHYSICIANS SPECIALTY CORP.

NO. 319

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## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: John NordAddress: 3600 Mansell Road, Suite 150 Alpharetta, GA 30022

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

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

Director: Matt Mellott - TreasurerAddress: 3600 Mansell Road, Suite 150 Alpharetta, GA 30022Director: Rich BallardAddress: 3600 Mansell Road, Suite 150 Alpharetta, GA 30022

## B. OFFICERS

President: John NordAddress: 3600 Mansell Road, Suite 150 Alpharetta, GA 30022Vice President: Kevin Smith (VP of Operations)Address: 3600 Mansell Road, Suite 150 Alpharetta, GA 30022Secretary: Rich BallardAddress: 3600 Mansell Road, Suite 150 Alpharetta, GA 30022Treasurer: Matt MellottAddress: 3600 Mansell Road, Suite 150 Alpharetta, GA 30022

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. \_\_\_\_\_

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

09/25/02 09:55 FAX 878 553 2188

SEP. 13. 2002 3:50PM FROM: PHYSICIANS SPECIALTY CORP.

NO. 318

006/007

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**Additional Officers of Preferred Diagnostic Centers, Inc.**

Roy Hathcock, CEO

3600 Mansell Road, Suite 150 Alpharetta, GA 30022

Chris Hollaway (COO)

3600 Mansell Road, Suite 150 Alpharetta, GA 30022

Mike Permenter (VP, Sales)

3600 Mansell Road, Suite 150 Alpharetta, GA 30022

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

CONTROL NUMBER : K730884  
DATE INC/AUTH/FILED: 08/27/1997  
JURISDICTION : GEORGIA  
PRINT DATE : 09/13/2002  
FORM NUMBER : 211

TRIAD PROFESSIONAL SERVICES, LLC  
MARY PARIS  
3290 NORTHSIDE PARKWAY, SUITE 400  
ATLANTA, GA 30327

**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 as of the above print date

**PREFERRED DIAGNOSTIC CENTERS, INC.**  
**A GEORGIA PROFIT CORPORATION**

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20020913210510028



*Cathy Cox*  
Cathy Cox  
Secretary of State