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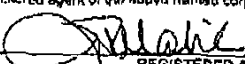
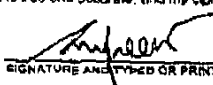
MEDBRIDGE HEALTHCARE

FILED

2006 OCT 27 AM 10:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000004881					
1. Corporation Name Preferred Diagnostic Center, Inc.					
2. Principal Office Address 899 Meadows Rd. Suite, Apt. #, etc. Suite 2101 City & State Doca Raton, FL Zip 33486			3. Mailing Office Address 3600 Mansell Rd. Suite, Apt. #, etc. Suite 2150 City & State Alpharetta, GA Zip 30022		
4. Date Incorporated or Qualified To Do Business in Florida 9/25/02					
5. FBI Number 58-2330515					
6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name NEAI Services, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive 2 Park Drive					
Suite, Apt. #, etc. Suite 4					
City Weston					
State FL					
Zip Code 33331					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0500 or 817.0003, F.S. Signature of Registered Agent  Jennifer M. Mark REGISTERED AGENT MUST SIGN Asst. Sec. Date 10/24/2006					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
TITLE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DT	Math Mellott	3600 Mansell Rd.		Alpharetta GA	
		Suite 2150		30022	
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 807 or 817, 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 807.0401 or 817.0401, 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:  M. S. Mellott CFO 10/24/06 10-777-2091					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT 04-06

CR25081 (12/05)

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

CORPORATION REINSTATEMENT

PREFERRED DIAGNOSTIC CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,200.00

→ 1,050.00

Last AR filed 2003, Failed to file in 2004