10/26/2006 15:23 7702201943 TRIAD PAGE 02/02

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10/24/2006 15:08 8545275971 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.

REINSTATEMENT 04-06

OR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
899 Meadows Rd.	3600 Mansell Rd.
Suite 101	Suite 150
Boca Raton, FL	Alpharetta, GA
33486	30022

4. Date Incorporated or Qualified To Do Business In Florida: 9/25/02

5. FEI Number: 58-2330515 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite H

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 607.0500 or 617.0305, F.S.

Signature of Registered Agent: Jennifer Malik Asst. Sec. Date: 10/24/2006

REGISTERED AGENT MUST SIGN

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	Matt Mellott	3600 Mansell Rd.	
		Suite 150	Alpharetta GA 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 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: M S Mellott CFO 10/24/06 770-777-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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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

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