

F03000005322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

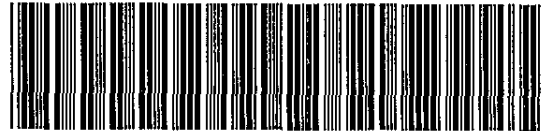
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03 OCT 27 AM 10:29  
DIVISION OF CORPORATION

*BR*

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03 OCT 24 AM 11:28  
TALLAHASSEE, FLORIDA

78.75

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

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10-24-03 Kelly

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OCT 24 AM 11:23  
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Foreign

1.) Symphony Diagnostic Services No. 1, Inc.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

FILE 1st

SPECIAL INSTRUCTIONS

Please put File # on 1  
(Same owner two  
different addresses)

**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. SYMPHONY DIAGNOSTIC SERVICES NO. 1, 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. CALIFORNIA 3. 95-3268980  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. ~~2/11/89~~ 7/24/1978 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. 920 RIDGEBROOK RD SPARKS MD 21152  
(Principal office address)
- ~~00005~~ SAME  
(Current mailing address)
8. PORTABLE X-RAY AND OTHER RELATED 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: National Corporate Research, Ltd., Inc.

Office Address: 103 N. Meridian Street

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.*

Karen McKeown  
(Registered agent's signature)

Karen McKeown, Asst. Secretary, National Corporate Research, Ltd.

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:~~ <sup>DIRECTOR</sup> ANTHONY ZINGARELLI  
Address: 101 WEST AVE., STE 300  
JENKINTOWN PA 19046

~~Vice Chairman:~~ <sup>DIRECTOR</sup> ALAN MORRISON  
Address: 101 WEST AVE., STE 300  
JENKINTOWN PA 19046

Director: WILLIAM GLYNN  
Address: 185 WITMER RD  
HORSHAM PA 19044

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

B. OFFICERS

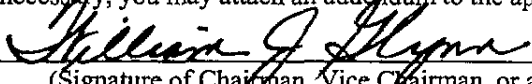
President: WILLIAM GLYNN  
Address: 185 WITMER RD  
HORSHAM PA 19044

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

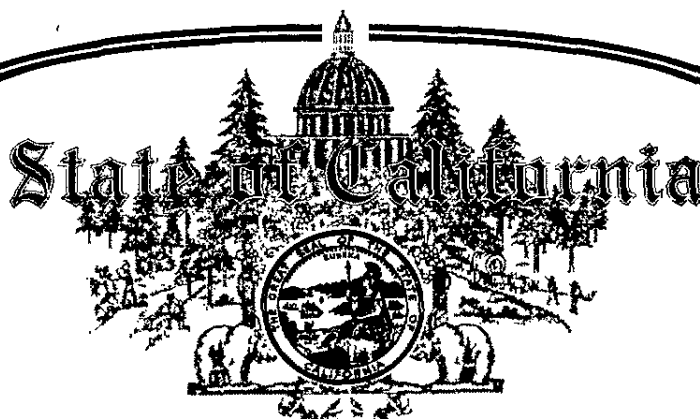
Secretary: ANTHONY ZINGARELLI  
Address: 101 WEST AVE., STE 300  
JENKINTOWN PA 19046

Treasurer: SAME AS Sec'y.  
Address: \_\_\_\_\_

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. WILLIAM GLYNN PRESIDENT  
(Typed or printed name and capacity of person signing application)



SECRETARY OF STATE  
CERTIFICATE OF STATUS  
DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

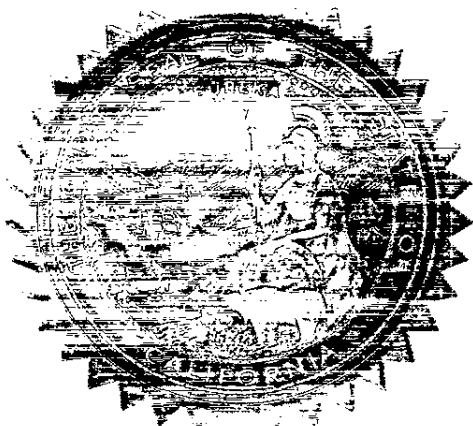
That on the **24th day of July, 1978**, **SYMPHONY DIAGNOSTIC SERVICES NO. 1, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day  
of October 22, 2003.



*Kevin Shelley*  
KEVIN SHELLEY  
Secretary of State

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