

F05000007112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

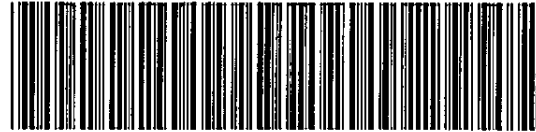
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900059107259

12/05/05--01008--012 \*\*102.50

*Debit Memo #*

11/06/05--01157--019 \*\*87.50

TALLAHASSEE, FLORIDA  
2005 DEC -7 PM 12:41

W05-46394

J. BRYAN OCT 7 2005

J. BRYAN DEC 8 2005



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 16, 2005

ASHLEY A. SMITH, MD  
NORTH ATLANTA RADIOLOGY, PC  
9000 BEAVER TRAIL  
GAINESVILLE, GA 30506

SUBJECT: CALHOUN RADIOLOGY, P.C.  
Ref. Number: W05000046394

Memo #: 62056-F

This letter is to inform you that your check number 4892 for \$87.50, which was dated October 1, 2005 and submitted for CALHOUN RADIOLOGY, P.C. has been returned to us by your bank because of CLOSED ACCOUNT.

We are notifying you because our records indicate that the paperwork for CALHOUN RADIOLOGY, P.C. has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$102.50. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation  
Attn: J. BRYAN  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Melinda Lilliston  
Administrative Assistant  
Bureau of Commercial Recording

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2005 DEC -7 PM 12:41  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTH ATLANTA Radiology, PC  
(Name of corporation - must include suffix)

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:

Ashley A. Smith, MD  
(Name of Person)  
NORTH ATLANTA Radiology, PC  
(Firm/Company)  
9000 BEAVER TRAIL  
(Address)  
GAINESVILLE, GA 30506  
(City/State and Zip code)

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2006 DEC -7 PM 12:41  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ashley A. Smith, MD at (770) 878-0937  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**GIBSON, DEAL and FLETCHER, P.C.**

ATTORNEYS AT LAW

SPALDING EXCHANGE  
3955 HOLCOMB BRIDGE ROAD, SUITE 200  
NORCROSS, GEORGIA 30092

770/263-7200  
FACSIMILE: 770/448-5395  
info@gdfpc.com

JOHN W. GIBSON  
JAMES B. DEAL  
WILLIAM A. FLETCHER, JR.  
MICHAEL R. DUNHAM

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2005 DEC -7 PM 12:41  
TALLAHASSEE, FLORIDA

May 24, 2005

Dr. Ashley Smith  
9000 Beaver Trail  
Gainesville, GA 30506

**Re: Articles of Amendment Changing Name Of  
Calhoun Radiology, P.C. to North Atlanta Radiology, P.C.**

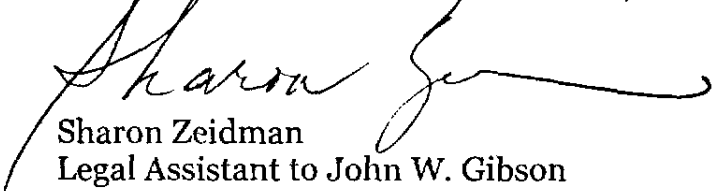
Dear Dr. Smith:

Please find enclosed a copy of the Certificate of Name Change Amendment for the above-referenced corporation which was filed with the Secretary of State as of May 16 2005. We have retained the original and inserted it (along with the Articles) into your corporation's Minute Book.

If you should have any questions, please do not hesitate to call Mr. Gibson.

Yours truly,

**GIBSON, DEAL AND FLETCHER, P.C.**

  
Sharon Zeidman  
Legal Assistant to John W. Gibson

/sz  
Enclosure



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

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2005 DEC -7 PM 12:41  
TALLAHASSEE, FLORIDA

November 16, 2005

ASHLEY A. SMITH, MD  
NORTH ATLANTA RADIOLOGY, PC  
9000 BEAVER TRAIL  
GAINESVILLE, GA 30506

SUBJECT: CALHOUN RADIOLOGY, P.C.  
Ref. Number: W05000046394

Memo #: 62056-F

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Attn: J. BRYAN  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Melinda Lilliston  
Administrative Assistant  
Bureau of Commercial Recording



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 7, 2005

ASHLEY A. SMITH, MD  
NORTH ATLANTA RADIOLOGY, PC  
9000 BEAVER TRAIL  
GAINESVILLE, GA 30506

SUBJECT: CALHOUN RADIOLOGY, P.C.  
Ref. Number: W05000046394

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TALLAHASSEE, FLORIDA

We have received your document for CALHOUN RADIOLOGY, P.C. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 505A00061192

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. NORTH ATLANTA RADIOLOGY, P.C.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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TALLAHASSEE, FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA 3. 84-1686846  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/4/94 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9000 BEAVER TRAIL GAINESVILLE, GA 30506  
(Principal office address)

SAME  
(Current mailing address)

8. MEDICAL PRACTICE  
(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 NOT acceptable)

Name: DR. ASHLEY A. SMITH

Office Address: MARINERS HOSPITAL 91500 OVERSEAS HIGHWAY  
TAVERNIER, Florida 33070-2547  
(City) (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.

  
(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: \_\_\_\_\_

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

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

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

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Ashley A. Smith, MD

Address: 9000 BEAVER TRAIL  
GAINESVILLE, GA 30506

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

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

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

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

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

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

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

13. Ashley A. Smith, MD  
(Signature of Director or Officer listed in number 12 of the application)

14. Ashley A. Smith, MD  
(Typed or printed name and capacity of person signing application)



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

DOCKET NUMBER : 053200234  
CONTROL NUMBER : K428020  
DATE INC/AUTH/FILED: 11/04/1994  
JURISDICTION : GEORGIA  
PRINT DATE : 11/16/2005  
FORM NUMBER : 211

NORTH ATLANTA RADIOLOGY, P.C.  
ASHLEY A. SMITH, M.D.  
9000 BEAVER TRAIL  
GAINESVILLE, GA 30506

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TALLAHASSEE, FLORIDA

**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

**NORTH ATLANTA RADIOLOGY, P.C.**  
**A PROFESSIONAL CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.



*Cathy Cox*

Cathy Cox  
Secretary of State