

F0800000044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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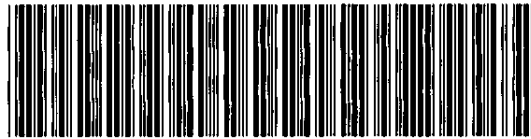
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 425556 7182683

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 70.00

ORDER DATE : January 31, 2008

ORDER TIME : 10:45 AM

ORDER NO. : 425556-020

CUSTOMER NO: 7182683

FOREIGN FILINGS

NAME: METROAMERICAN RADIOLOGY
CONSULTANTS, P.A.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake -- EXT# 2959

EXAMINER: _____

**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. Metroamerican Radiology Consultants, P.A.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Metroamerican Radiology Consultants, P.A., Inc.

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

2. North Carolina

(State or country under the law of which it is incorporated)

3. 56-1275739

(FEI number, if applicable)

4. July 30, 1980

(Date of incorporation)

5. Perpetual

(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. 1900 Winston Road, Suite 300, Knoxville, TN 37919

(Principal office address)

1900 Winston Road, Suite 300, Knoxville, TN 37919

(Current mailing address)

8. Professional services of medicine and other things as are necessary or proper

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: Sarah K. Drake

(Registered agent's signature)

Sarah K. Drake
as its agent

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.

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

A. DIRECTORS

Chairman: Steven Jay Reeves, M.D.

Address: 1900 Winston Road, Suite 300
Knoxville, TN 37919

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Steven Jay Reeves, M.D.

Address: 1900 Winston Road, Suite 300
Knoxville, TN 37919

Vice President: Steven Jay Reeves, M.D.

Address: 1900 Winston Road, Suite 300
Knoxville, TN 37919

Secretary: Steven Jay Reeves, M.D.

Address: 1900 Winston Road, Suite 300, Knoxville, TN 37919

Treasurer: John R. Stair

Address: 1900 Winston Road, Suite 300, Knoxville, TN 37919

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. John R. Stair, Assistant Secretary

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



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

METROAMERICAN RADIOLOGY CONSULTANTS, P.A.

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of July, 1980, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of January, 2008.

Elaine F. Marshall

Secretary of State