

2012

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

*FILE
FIRST!

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
RADIOLOGY 24/7, P.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

**CORPORATION
REINSTATEMENT**
2010-2011

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000002299

1. Corporation Name

Radiology 24/7, P.C.

2. Principal Office Address - No P.O. Box #
5820 Oberlin Dr., Ste 205

Suite, Apt. #, etc.

City & State
San Diego, CA

Zip
92121

Country
USA

3. Mailing Office Address

100 Bayview Circle, Ste 400

Suite, Apt. #, etc.

City & State
Newport Beach, CA

Zip
92660

Country
USA

CR20081 (12/10)

4. Date Incorporated or Qualified
To Do Business in Florida 5/20/2008

5. FEI Number
203657695

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 So. Pine Island Rd., c/o CT Corporation Systems

Suite, Apt. #, Etc.

City
Plantation

State: Zip Code
FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent


REGISTERED AGENT MUST SIGN

Date 12/16/2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

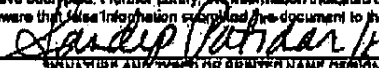
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Sandip Patidar	5820 Oberlin Dr., Ste 205	San Diego CA 92121
Sec	Sandip Patidar	5820 Oberlin Dr., Ste 205	San Diego, CA 92121

10. E-mail Address: kwinavich@allianceimaging.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information furnished by me to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/2011 949-242-5536

Date

Daytime Phone #

2010-2011

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