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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

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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11 DEC 19 PM 5:0
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2010-2011

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010-2011

CR2C081 (11/10)

DOCUMENT # F08000002299

1. Corporation Name

Radiology 24/7, P.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5820 Oberlin Dr., Ste 205	100 Bayview Circle, Ste 400
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Diego,CA	City & State: Newport Beach, CA
Zip: 92121 Country: USA	Zip: 92660 Country: USA

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 a 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: FL Zip Code: 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 617.0505, 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)

Titles	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: kwinovich@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 the 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Sandip Patidar 12/16/2011 949-242-5536
SIGNATURE AND TYPED OR PRINTED NAME OF ORIGINATING OFFICER OR DIRECTOR — Date — Daytime Phone #