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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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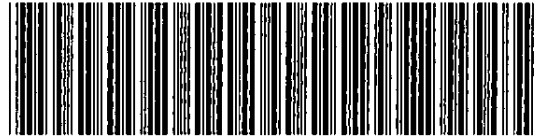
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG 21 AM 10:50

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CLINICAL MAGNETIC RESONANCE SOCIETY, INC.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Patty Rendleman
(Name of Person)

Clinical Magnetic Resonance Society, Inc.
(Firm/Company)

5620 W. Sligh Ave.
(Address)

Tampa, FL 33634-4490
(City/State and Zip Code)

For further information concerning this matter, please call:

Patty Rendleman at (813) 806-1002
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS
IN THE STATE OF FLORIDA:*

1. Clinical Magnetic Resonance Society, Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Ohio 3. 31-1437334
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/9/1995 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. March 2008
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 5620 W. Sligh Ave., Tampa, FL 33634
(Principal office address)

5620 W. Sligh Ave., Tampa, FL 33634-4490
(Current mailing address)
8. Please see Schedule "A" attached.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Stephen Hunter

Office Address: 5620 W. Sligh Ave.

Tampa, Florida 33634
(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.

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SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

SCHEDULE A: CLINICAL MAGNETIC RESONANCE SOCIETY, INC.

LINE 8:

The purposes for which the corporation is formed is to foster and develop the highest standards of clinical excellence in the field of magnetic resonance, specifically by promoting the education and certification of clinical Magnetic Resonance Imaging specialists, and to engage in any other lawful act or activity for which corporations may be formed under the laws of Ohio/Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Donna B. Lewis

Address: 5620 W. Sligh Ave., Tampa, FL 33634-4490

Director: _____

Address: _____

B. OFFICERS

President: Michael B. Zlatkin, M.D.

Address: 5620 W. Sligh Ave., Tampa, FL 33634-4490

Vice President: _____

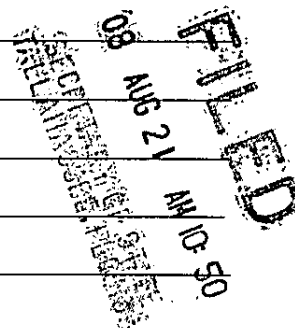
Address: _____

Secretary: Mark H. Awh, M.D.

Address: 5620 W. Sligh Ave., Tampa, FL 33634-4490

Treasurer: Mark H. Awh, M.D.

Address: 5620 W. Sligh Ave., Tampa, FL 33634-4490



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

13. *Donna B. Lewis*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Donna B. Lewis
(Typed or printed name and capacity of person signing application)

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CLINICAL MAGNETIC RESONANCE SOCIETY, INC., an Ohio not for profit corporation, Charter No. 893931, having its principal location in Cincinnati, County of Hamilton, was incorporated on February 09, 1995 and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
COLUMBUS, OHIO



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 12th day of August, A.D. 2008*

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State