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**Florida Department of State
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Division of Corporations
Fax Number : (850) 617-6381

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

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**FOREIGN PROFIT/NONPROFIT CORPORATION
VISTA IMAGING SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Handwritten signature and date 2/7/11

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**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. Vista Imaging Services, Inc.

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

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

2. California

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

3.

(FEI number, if applicable)

4. December 15, 2004

(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. 3941 Park Drive, Suite 20-463, El Dorado Hills, CA 95762

(Principal office address)

3941 Park Drive, Suite 20-463, El Dorado Hills, CA 95762

(Current mailing address)

8. Mobile X-Ray services

(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: **NRAI Services, Inc.**

Office Address: **2371 Executive Park Drive, Suite 4**

Weston

(City)

, Florida **33331**

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

A. DIRECTORS

Chairman: Jeffrey W. Perry

Address: 3941 Park Drive, Suite 20-463

El Dorado Hills, CA 95762

Vice Chairman: Catherine Graham

Address: 3941 Park Drive, Suite 20-463, El Dorado Hills, CA 95762

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jeffrey W. Perry

Address: 3941 Park Drive, Suite 20-463

El Dorado Hills, CA 95762

Vice President: _____

Address: _____

Secretary: Catherine Graham

Address: 3941 Park Drive, Suite 20-463, El Dorado Hills, CA 95762

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. Jeffrey W. Perry

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 FEB -4 PM 12:50

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME: VISTA IMAGING SERVICES, INC.

FILE NUMBER: C2710929
FORMATION DATE: 12/15/2004
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California this
day of January 27, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State

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