

F13000004291

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/13-57738

ymd 10/3



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2013

SUE W. CADENHEAD
194 EAST REDSTONE AVE.
CRESTVIEW, FL 32536

SUBJECT: SOUTH ALABAMA DIAGNOSTIC IMAGING, PC
Ref. Number: W13000052738

We have received your document for SOUTH ALABAMA DIAGNOSTIC IMAGING, PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 113A00022310

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: South Alabama Diagnostic Imaging, PC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SUE W. CADENHEAD
Name of Person
SOUTH ALABAMA DIAGNOSTIC IMAGING, S-CORP
Firm/Company
194 EAST REDSTONE AVE
Address
CRESTVIEW, FL 32536
City/State and Zip code
RhetandSue@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUE W. CADENHEAD at (850) 689-6705
Name of Person Area Code & Daytime Telephone Number
SEE ATTACHED: CERTIFICATE OF GOOD STANDING (DATED SEPT. 25, 2013)
ALABAMA PRINT OUT - FORMATION - 1-5-95
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
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 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. South Alabama Diagnostic Imaging, P.C., Corp
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. ALABAMA 3. 463128174
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-5-1995 5. perpetual
(Date of incorporation) (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. 3015 Jefferson St. Ste. E Marianna, FL 32446
(Principal office address)
- Same As Above
(Current mailing address)

8. DIAGNOSTIC IMAGING
(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: SUE W. CADENHEAD

Office Address: 3015 JEFFERSON ST. Ste-E
MARIANNA, FL, Florida 32446
(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.

John B. Janhuli MD
(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.

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

A. DIRECTORS

Chairman: JOHN C. TOMBERLIN

Address: 1300 WEST MAPLE AVE
GENEVA, AL 36340

Vice Chairman: SUE W. CADENHEAD

Address: 194 EAST REDSTONE AVE
CRESTVIEW, FL 32536

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. John C. Tomberlin MS.

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. JOHN C. TOMBERLIN

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

FILED
13 OCT -2 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jim Bennett
Secretary of State

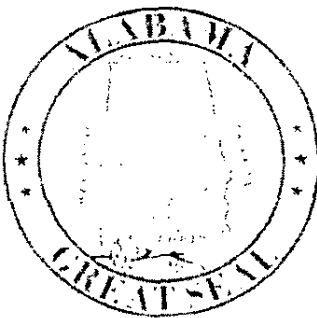
P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that South Alabama Diagnostic Imaging, P.C. was formed in Geneva County, Alabama on January 5, 1995. The Alabama Entity Identification number for this entity is 169-275. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

FILED
13 OCT - 2 PM 3:50
SECRETARY OF STATE
ALABAMA



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/25/2013

Date

20130925000007140

Jim Bennett

Secretary of State