

F18000001101

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180000716423)))



H180000716423ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (239) 777-1028
Fax Number : (377) 275-3593

RECEIVED

MAR 06 2018

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

Email Address: ETC@LICENSESETC.COM

FOREIGN PROFIT/NONPROFIT CORPORATION
MEDICAL IMAGING CONSTRUCTION COMAPNY, INC.
OF HUDSON

Certificate of Status	1
Certified Copy	1
Page Count	08
Estimated Charge	\$87.50

18 MAR - 8 AM 9:49

MAR 07 2018

SULKER

850-617-6381

3/6/2018 10:38:25 AM PAGE 1/001 Fax Server



March 6, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LICENSES ETC INC

SUBJECT: MEDICAL IMAGING CONSTRUCTION COMPANY, INC. OF HUDSON
REF: W18000021427

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please add in letter that you have no intentions on reinstating the entity as well.,

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II
Registration Section

FAX Aud. #: H18000071642
Letter Number: 718A00004466

((H18000071642 3)))

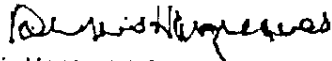
Florida Department of State
Division of Corporations, Corporate Filings
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please accept this letter as authorization for the business name Medical Imaging Construction Company, Inc. of Hudson (Document # P18000010304) to be released to myself, Dennis Hargreaves, as this company has recently been dissolved. Please see attached for the dissolution confirmation. I do not have any intention on reinstating this entity. Instead, I am registering this company (with the same exact name) as a foreign entity based out of Ohio.

This should be everything that you will need in order to successfully release the name for my use. If you have any additional questions, please contact my associate Lisa Adams at (239) 777-8321.

Thank you for your assistance,



Dennis Hargreaves
President of Medical Imaging Construction Company, Inc. of Hudson

((H18000071642 3)))

(((H18000071642 3)))

DIVISION OF CORPORATIONS



Dissolution Online Filing

Document Number P18000010304

Thank you for filing your dissolution online. Your document filed date will be today's date if there are no processing errors.

Your confirmation number is 600310093706.

Your charge amount is \$35.00.

Florida Department of State, Division of Corporations

(((H18000071642 3)))

(((H18000071642 3)))

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** MEDICAL IMAGING CONSTRUCTION COMPANY, INC. OF HUDSON
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:

LISA ADAMS

Name of Person	
LICENSES. ETC., INC.	
Firm/Company	
386 110TH AVE. N., SUITE #6	
Address	
NAPLES, FL 34108	
City/State and Zip code	
SUPPORT@LICENSESETC.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

LISA ADAMS	239	777-1028
Name of Person	at (Area Code)	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(((H18000071642 3)))

(((H18000071642 3)))

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.

MEDICAL IMAGING CONSTRUCTION COMPANY, INC. OF HUDSON

1. _____
(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. OHIO 3. 34-1777428
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/28/1994 5. _____
(Date of incorporation) (Date of duration, if other than 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. 163 THICKET CREEK TRAIL, PONTE VEDRA, FL 32081
(Principal office address)

2427 PORTER LAKE DR., UNIT #107, SARASOTA, FL 34240
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DENNIS HARGREAVES

Office Address: 163 THICKET CREEK TRAIL
PONTE VEDRA, FL 32081, Florida
(City) (Zip code)

9. 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.

Dennis Hargreaves

(Registered agent's signature)

10. 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.

(((H18000071642 3)))

(((H18000071642 3)))

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DENNIS HARGREAVES

Address: 163 THICKET CREEK TRAIL

PONTE VEDRA, FL 32081

Vice President: BLAISE DALUISE

Address: 6821 PORTER RD.

SARASOTA, FL 34240

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. DENNIS HARGREAVES
(Typed or printed name and capacity of person signing application)

(((H18000071642 3)))

((H18000071642 3)))

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, 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 MEDICAL IMAGING CONSTRUCTION COMPANY, INC. OF HUDSON, an Ohio corporation, Charter No. 887123, having its principal location in Hudson, County of Summit, was incorporated on November 28, 1994 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of March, A.D. 2018.

Jon Husted

Ohio Secretary of State

Validation Number: 201806401356

((H18000071642 3)))