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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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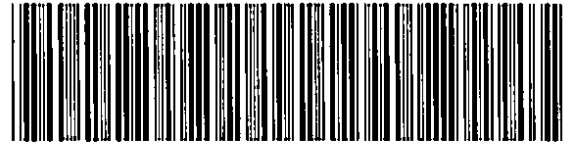
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NDS Radiology, 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", or "Certificate of Status" 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:

Debra L. Alster

Name of Person

Lipson Neilson P.C.

Firm/Company

3910 Telegraph Road

Suite 200

Address

Bloomfield Hills, Michigan 48302

City/State and Zip Code

dalster@lipsonneilson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra L. Alster

Name of Person

248

at (_____)_____
Area Code

593-5000

Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. NDS Radiology, 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.)

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

2. Michigan 3. 38-3465589
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/09/1999 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 39595 W. Ten Mile Road, Suite 102, Novi, Michigan 48375
(Principal office address)

39595 W. Ten Mile Road, Suite 102, Novi, Michigan 48375
(Current mailing address, if different)

8. Provide wellness management, services and education for management and early detection of chronic disease.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Tia Baughn, Ast. Sec
(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 addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael V. Ketslakh

Address: 39595 W. Ten Mile Road, Suite 102

Novi, Michigan 48375

Director: Joel Kahn, M.D.

Address: 39595 W. Ten Mile Road, Suite 102

Novi, Michigan 48375

B. OFFICERS

President: Michael V. Ketslakh

Address: 39595 W. Ten Mile Road, Suite 102

Novi, Michigan 48375

Vice President: N/A

Address: _____


Secretary: Michael V. Ketslakh

Address: 39595 W. Ten Mile Road, Suite 102, Novi, Michigan 48375

Treasurer: Michael V. Ketslakh

Address: 39595 W. Ten Mile Road, Suite 102, Novi, Michigan 48375

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

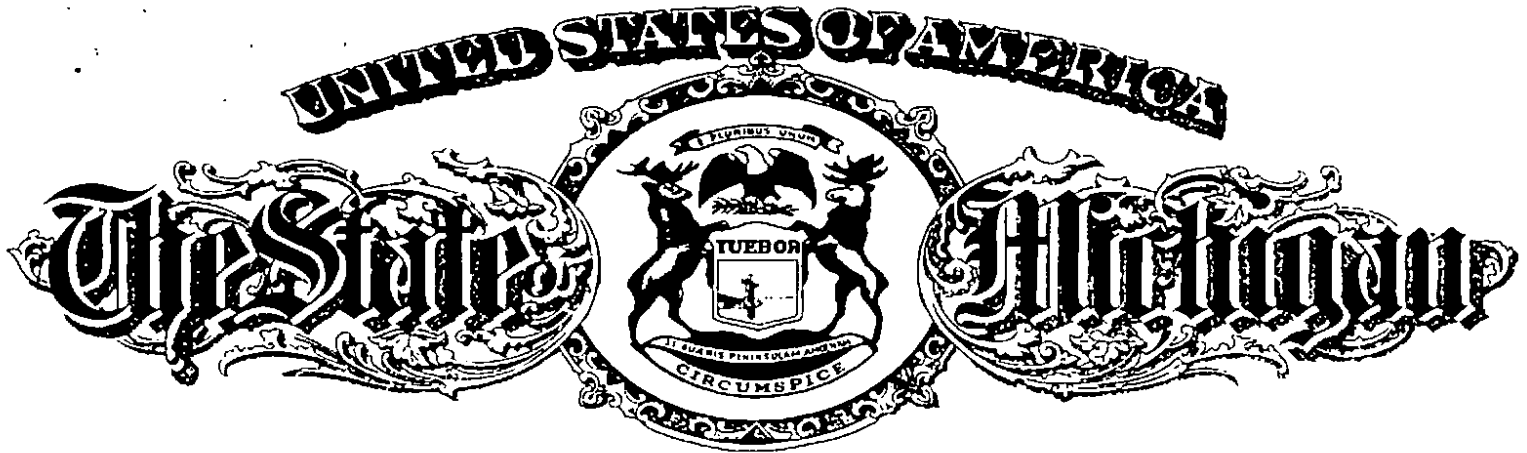
13. See attached for additional director 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael V. Ketslakh, President
(Typed or printed name and capacity of person signing application)

NDS RADIOLOGY, INC.,
a Michigan non-profit corporation

Additional Director:

Steven Singer
39595 W. Ten Mile Road
Suite 102
Novi, Michigan 48375



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

NDS RADIOLOGY, INC

was validly Incorporated on April 9 , 1999 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18054958310

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 2nd day of May , 2018.

A handwritten signature in black ink, appearing to read "Julia Dale", is written over a horizontal line.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau