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**NAME**: PRISMA IMAGING, INC.

TYPE OF FILING: APPLICATION

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

## 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.

Alachua 25615 . Tr	(If name unavail	able in Florida, enter alternate corporate name ad-	anted for the number of transact	ing business in Florids	<u></u>
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  Alachua, FL 32615  (Current mailing address, if different)  Name:  Brian Tisher  Office Address:  Alachua  Florida  (City)  Alachua  Florida  (City)  Registered agent's acceptance:	Delaware				a <i>)</i>
(Date of incorporation) (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  Alachua, FL 32615  (Current mailing address, if different)  Name:  Brian Tisher  Office Address:  Alachua  Florida  (City)  Florida  32615  (Zip code)  Registered agent's acceptance:	2(State or countr	3	(FEI number, if a	ipplicable)	_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  13900 Tech City Circle, Suite #200  (Principal office street address)  Alachua, FL 32615  (Current mailing address, if different)  Name:  Brian Tisher  13900 Tech City Circle, Suite #200  Alachua  Florida  Alachua  Florida  (City)  Registered agent's acceptance:	12/22/21				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  Alachua, FL 32615  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Brian Tisher	(Date	of incorporation)	(Date of duration, if other	r than perpetual)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  Alachua, FL 32615  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Brian Tisher	12/22/21				
(Principal office street address)  Alachua, FL 32615  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Brian Tisher		(SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liabi	lity)	
Alachua, FL 32615  (Current mailing address, if different)  Rame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Brian Tisher	, 13900 Tech City	Circle, Suite #200			
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Brian Tisher		•	street address)		_
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Brian Tisher	Alachua, FL 326	15			
Office Address:    Alachua			. <u> </u>		_
Office Address:    Alachua		(Current mailing a	ddress, if different)		_
Office Address:    Alachua	. Nama and stra				<del>-</del>
Office Address:  Alachua  City)  Alachua  Florida  (City)  City)  Registered agent's acceptance:		et address of Florida registered agent: (P.O. I		Z022 J	<del>_</del>
(City)  Registered agent's acceptance:		et address of Florida registered agent: (P.O. I Brian Tisher		Z022 J.H -	
Registered agent's acceptance:	Name:	et address of Florida registered agent: (P.O. I Brian Tisher		٠, ٦	1000 100
Registered agent's acceptance:	Name:	et address of Florida registered agent: (P.O. I Brian Tisher 13900 Tech City Circle, Suite #200	Box <u>NOT</u> acceptable)	٠, ٦	
	Name:	et address of Florida registered agent: (P.O. I Brian Tisher 13900 Tech City Circle, Suite #200 Alachua	Box <u>NOT</u> acceptable)	٠, ٦	
	Name: Office Address:	et address of Florida registered agent: (P.O. I Brian Tisher 13900 Tech City Circle, Suite #200 Alachua	Box <u>NOT</u> acceptable)	٠, ٦	-
	Name:  Office Address:  Office Address:	et address of Florida registered agent: (P.O. I Brian Tisher  13900 Tech City Circle, Suite #200  Alachua  (City)  ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable)	7 AH 9: 04  ed corporation at the ree to act in this cap	e plac
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further agree to comply with the provisions of all statutes relative to the proper and complete performance of my distinct I am familiar with and accept the obligations of my position as registered agent.  Briain Tislur  (Registered agent's signature)	Name: Office Address:	Brian Tisher  13900 Tech City Circle, Suite #200  Alachua  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes relatively and accept the obligations of my positive with and accept the obligations of my positive.	Box NOT acceptable)	7 AH 9: 04  ed corporation at the ree to act in this cap	e plac

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

## A. DIRECTORS Michael Silver Joe Heanue □ Chairman □ Chairman Name: Address: \_\_\_ □Vice Chairman Address; □Vice Chairman 13900 Tech City Circle, Suite #200 13900 Tech City Circle, Suite #200 ■ Director ■ Director Alachua, FL 32615 Alachua, FL 32615 President □ President □Vice President \_\_\_\_\_ □Vice President □ Secretary □Treasurer ■ Secretary □Treasurer CEO ■Other \_\_ □ Other □Other \_\_\_\_\_ □Other \_\_\_\_ Name: \_\_\_\_\_David Scalzo Brian Tisher □ Chairman Name: □ Chairman □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_ 13900 Tech City Circle, Suite #200 13900 Tech City Circle, Suite #200 □ Director Director Alachua, FL 32615 Alachua, FL 32615 ☐ President □ President □Vice President \_\_\_\_\_ □Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer CFO Other \_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman Name: Name: \_\_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_\_\_\_\_ ☐ Vice Chairman Address: □ Director □ Director □President □ President □Vice President \_\_\_\_ □Vice President □ Secretary ☐ Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Michael Silver 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

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.

Michael Silver, President and CEO



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRISMA IMAGING, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRISMA IMAGING, INC." WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202341364

Date: 01-07-22