

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003193

1. Corporation Name

MEDCATH DIAGNOSTICS, INC.

Principal Place of Business

7621 LITTLE AVE.
STE. 106
CHARLOTTE NC 28226

Mailing Address

7621 LITTLE AVE.
STE. 106
CHARLOTTE NC 28226

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1993

5. FEI Number

56-1738601

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
V	JOHNSON, CHARLES W	7621 LITTLE AVE. STE 106	CHARLOTTE NC 28226
V	WESTMORELAND, KIM D	7621 LITTLE AVE. STE 106	CHARLOTTE NC 28226
ST	BELONGIA, DANIEL L	7621 LITTLE AVE. STE 106	CHARLOTTE NC 28226
(See Attached)			
900002374093--7 -12/16/97--01116--007 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dale Morris

REGISTERED AGENT MUST SIGN

Date 12/2/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Daniel L. Belongia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/97

Daytime Phone #

FILED

97 DEC 12 AM 10:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 97aw

**List of MedCath Incorporated and Affiliates Officers
Final and Approved as of June 27, 1997**

Name of Entity	President	Vice President(s)	Secretary	Assistant Secretary	Treasurer
MedCath Incorporated (1)	Stephen R. Puckett* (Pres. and C.E.O.) Thomas K. Hearn III (Pres, Diagnostic) William Moore, Jr. (Pres, Hospital) David A. Ward (Pres, Prac Mgmt)	David Crane* (Exec VP and C.O.O.) Daniel L. Belongia (VP, Financial) Charles W. Johnson (VP, Development)	Richard J. Post (C.F.O.)	Daniel L. Belongia	Richard J. Post
MedCath Diagnostics, Inc.	David Crane*	Thomas K. Hearn III Charles W. Johnson Stephen R. Puckett* Kim Westmoreland	Richard J. Post	David A. Ward	Daniel L. Belongia