

# F95000004719

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: American Kissimmee Out Patient Center, Inc.  
(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", 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:

100001595721  
-09/27/95--01075--024  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Donald S. Solomon

(Name of Person)

Donald S. Solomon, P.C.

(Firm/Company)

800 Enterprise Drive - Suite 220

(Address)

Oak Brook, IL 60521

(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 27 AM 9:36

Should you need to call someone concerning this matter, please call:

HC 9/28

Donald S. Solomon

(Name of Person)

at ( 708 ) 368-7500

(Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. American Kissimmee Out Patient Center, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)
2. Illinois  
(State or country under the law of which it is incorporated)
3. 59-3280210  
(FEI number, if applicable)
4. December 16, 1994  
(Date of Incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. July 5, 1995  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 1503 W. Oak Street  
Kissimmee, Florida 34741  
(Current mailing address)
8. own & operate MRI Center  
(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 or Mail Drop Box acceptable)**  
Name: Etta Shields  
Office Address: 1503 W. Oak Street  
Kissimmee, Florida, 34741  
(Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 20  
AM 9:44

**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.*

Etta Z. Shields  
(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: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: Kathy Rainey

Address: 8700 Carriage Greens Drive, Darien, IL 60559

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Kathy Rainey

Address: 8700 Carriage Greens Drive, Darien, IL 60559

Director: Cathy Joyce

Address: 800 Enterprise Dr., Ste 220, Oak Brook, IL 60521

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Steve Ralston

Address: 7547 Commerce Center Drive, Orlando, FL 32819

Vice President: Kathy Rainey

Address: 8700 Carriage Greens Drive., Darien, IL 60559

Secretary: Cathy Joyce

Address: 800 Enterprise Dr., Ste 220, Oak Brook, IL 60521

Treasurer: Cathy Joyce

Address: 800 Enterprise Dr., Ste 220, Oak Brook, IL 60521

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

13. *Cathy Joyce*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

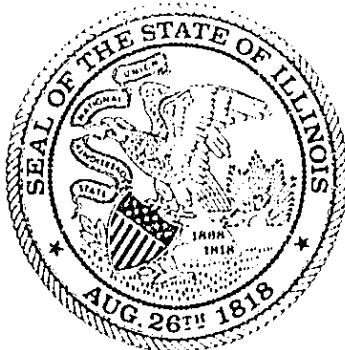
14. Cathy Joyce SECRETARY/TRES  
(Typed or printed name and capacity of person signing application)

File Number 5811-332-8



**To all to whom these Presents Shall Come, Greeting:**

*I, George H. Ryan, Secretary of State of the State of Illinois,*  
*do hereby certify that* AMERICAN KISSIMMEE OUT PATIENT CENTER, INC.,  
A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE  
DECEMBER 16, 1994, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS  
OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE  
FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF  
THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE  
STATE OF ILLINOIS\*\*\*\*\*



**In Testimony Whereof,** *I hereto set*  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois this* 17TH  
*day of* MAY *A.D., 19* 95

*George H. Ryan*  
\_\_\_\_\_  
SECRETARY OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

96 SEP 23 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000004719**

1. Corporation Name

**AMERICAN KISSIMMEE OUT PATIENT CENTER, INC.**

Principal Place of Business

Mailing Address

1503 W. OAK ST  
KISSIMMEE FL 34741

1503 W. OAK ST  
KISSIMMEE FL 34741

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

2. Now Principal Office Address, If Applicable

3. Now Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/27/1995

5. FEI Number

59-3280210

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

SR 75. Additional fee required  
for certificate of status.

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<del>CVD</del>	<del>RAINEY, KATHY</del>	<del>8700 CARRIAGE GREENS DR</del>	<del>DARIEN IL 60559</del>
<del>STD</del>	<del>JOYCE, CATHY</del>	<del>800 ENTERPRISE DR, SUITE 220</del>	<del>OAK BROOK IL 60531</del>
<del>P</del>	<del>RALSTON, STEVE</del>	<del>7547 COMMERCE CENTER DR</del>	<del>ORLANDO FL 32819</del>
P	RALSTON, STEVE	1503 W. OAK ST.	KISSIMMEE, FL. 34741
			100001920104
			-10/10/96--01015--017
			****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIELDS, ETTA 1503 W. OAK ST KISSIMMEE FL 34741	Name STEPHEN M. RALSTON Street Address (P.O. Box Number is Not Acceptable) 1503 W. OAK ST. Suite, Apt. #, Etc. City KISSIMMEE State FL Zip Code 34741
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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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date (407) 847-8864

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/96 (407) 847-8864  
Date Daytime Phone #