

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 15 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L83293

1. Corporation Name

Medical Diagnostic Consultants, Inc.

2. Principal Office Address

40347 U.S. 19

Suite, Apt. #, etc.

103

City & State

Tarpon Springs FL Tarpon Springs FL

Zip

34689

Country

USA

3. Mailing Office Address

P.O. Box 2041

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

Zip

34688

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1989 6/26/90

5. FEI Number

593016014

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Messina, R.

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

40347 U.S. 19 Suite 103

Suite, Apt. #, Etc.

103

City

Tarpon Springs

State
FL

Zip Code

34689

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/13/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Messina, R.	40347 US 19, Ste 103	Tarpon Springs, FL 34689

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10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

(727) 937-4658

Daytime Phone #