

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

page late

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072368

1. Corporation Name

RADIOLOGY B. SERVICES, INC.

Principal Place of Business

7201 NORTHWEST 88TH AVENUE
TAMARAC FL 33321

Mailing Address

7201 NORTHWEST 88TH AVENUE
TAMARAC FL 33321

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

07/24/2001

5. FEI Number

65-1123508

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	KASSDIKIAN, JOSEPH A	7201 NORTHWEST 88TH AVENUE	TAMARAC FL 33321

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 118.07(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

JOSEPH KASSDIKIAN

Date

Daytime Phone #

ppm/2012

DIVISION OF CORPORATIONS

PO BOX 6327

11/25/02

TALLAHASSEE FL 32314-6327

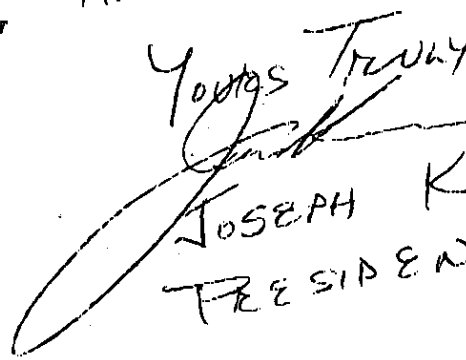
ATTENTION TYRONE SCOTT -

RE RADIOLOGY B. SERVICES INC Doc# B01000072368

7261 NW 88TH AVENUE

TAMARAC FL 33321

WE TIMELY FILED AND SENT CHECK FOR \$1150
WHICH WAS DEPOSITED 2/02. THE REPORT
AND CHECK WERE SENT IN BEFORE 5/1/02
DEADLINE AND CHECK CLEARED 2/02.
WE NEVER HEARD OF ANY PROBLEM
AND WOULD LIKE LATE FEES TO BE
WAIVED. THANK YOU FOR YOUR KIND CONSIDERATION.

Yours Truly

JOSEPH KASSIDIAN
PRESIDENT