PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM Page 1 of 2

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	Mailing Address
7201 NORTHWEST 88TH AVENUE TAMARAC FL 33321	7201 NORTHWEST 88TH AVENUE TAMARAC FL 33321

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

02/21/02 90040 150

2. New Principal Office Address, If Applicable	3. New 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: **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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	KASSDIKIAN, JOSEPH A	7201 NORTHWEST 88TH AVENUE	TAMARAC FL 33321
		1178	

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: SIGNATURE REQUIRED Date: / /

REGISTERED AGENT MUST SIGN

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 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: JOSEPH KASSDIKIAN SIGNATURE REQUIRED 11/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dec. 03 2002 11:15AM P1 FAX NO. :9547204583 FROM :

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314-6327

11/25/07

ATTENTION TYRONE SCOTT -

RE RADIOLOGY B. SERVICES INC DOCUMENT P01000072368
7201 NW 88TH AVENUE
TAMARAC FL 33321

WE TIMELY FILED AND SENT CHECK FOR $150
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 KASSDIKIAN
PRESIDENT