

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

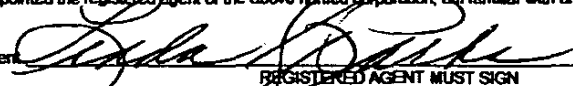
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P010000104286			
1. Corporation Name Orlando Diagnostic Center, Inc.			
2. Principal Office Address 515 W State Road 434		3. Mailing Office Address 515 W State Road 434	
Suite, Apt. #, etc. Suite 307		Suite, Apt. #, etc. Suite 307	
City & State Longwood, FL		City & State Longwood, FL	
Zip 32750	Country USA	Zip 32750	Country USA

FILED
06 JUL 31 AM 11:46
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**


REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 10/29/2001	
5. FEI Number 59-3760861	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$5.75 Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent	
Name Linda G. T. Parks	
Street Address (P.O. Box Number is Not Acceptable) 203 Lookout Place	
Suite, Apt. #, Etc. Suite A	
City Maitland	State FL
Zip Code 32751	

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 	Date June 22, 06
REGISTERED AGENT MUST SIGN	

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	Wasim Ahmar	515 W State Road 434	Longwood, FL 32750
	8/9/06		
			500078486205
			08/08/06--01064--023 **1208.75

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 contained in Chapter 119, 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: 	7/27/06 . 407-767-8200
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>