

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000027638

1. Corporation Name

Independent Radiology Consultants, Inc.

2. Principal Office Address - No P.O. Box #

2033 S. Patrick Drive

Suite, Apt. #, etc.

City & State

Indian Harbour Beach, FL

Zip

32937

Country

USA

3. Mailing Office Address

2033 S. Patrick Drive

Suite, Apt. #, etc.

City & State

Indian Harbour Beach, FL

Zip

32937

Country

USA

7. Name and Address of Current Registered Agent

Name

Daniel K. Beirne

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

2033 S. Patrick Drive

Suite, Apt. #, Etc.

City

Indian Harbour Beach

State

FL

Zip Code

32937

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

REGISTERED AGENT MUST SIGN

Date

2/27/09

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
President	Daniel K. Beirne	2033 S. Patrick Drive	Indian Harbour Beach, FL 32937

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/09

Daytime Phone #

FILED

09 MAR -4 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300144980153
03/04/09--01038--009 ***450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 03/06/2002

5. FEI Number
01-0618288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.