

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 10, 2006  
Secretary of State**

DOCUMENT# P03000030940

Entity Name: HORIZON RADIOLOGY CONSULTATION ,PA

**Current Principal Place of Business:**

26540 ACE AVENUE  
SUITE A  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

26540 ACE AVENUE  
SUITE A  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 13-4243552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABDALLA, ADEL A MD  
8550 LOST COVE DR  
ORLANDO, FL 32819      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ADEL A. ABDALLA, MD  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ABDALLA, ADEL A MD  
Address: 8550 LOST COVE DR  
City-St-Zip: ORLANDO, FL 32819

Title: V      ( ) Delete  
Name: ISMAIL, AKRAM A MD  
Address: 8110 CR 44, LEG A  
City-St-Zip: LESBURG, FL 34788

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADEL A. ABDALLA, MD      P      10/10/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date