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100 Bayview Circle, Suite 400 Newport Beach, CA 92660 P 800.544.3215 F 949.242.5397 www.alliancebealthcareservices-us.com

September 9, 2013

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Application by Foreign Corporation for Withdrawal – Alliance Imaging NC, Inc.

To Whom it May Concern:

Enclosed please find the originally executed Application by Foreign Corporation for Withdrawal of Authority to Transact Business in Florida on behalf of <u>Alliance Imaging NC, Inc.</u> to be filed in your office. Along with the filing enclosed is check number 484001 in the amount of \$43.75 to cover all filing fees.

As per the instructions, I have also included an additional copy of the aforementioned filing to be returned as a CERTIFIED FILED copy in the self-addressed stamped envelope enclosed for your convenience.

Please feel free to contact me at 213-689-4175 if you have any questions regarding the enclosed. Thank you in advance for your prompt attention to this filing.

Very truly yours,

Sharyn Evron

Senior Corporate Paralegal

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ТЕСТ :	Alliance Imaging NC,	Inc.
		(Name of Corporation	1 1
DOC	UMENT NUMBER:		P16006
The e	nclosed withdrawal application a	nd fee are submitted for fil	ing.
	e return all correspondence concern r to the following:	ing this	
		Sharyn Evron	
		(Name of Person)	· · · · · · · · · · · · · · · · · · ·
		Alliance Imaging NC, Inc.	
		(Firm/Company)	
	100	0 Wilshire Boulevard, Suite 500)
		(Address)	
		Los Angeles, CA 90017	
		(City/State and Zip code)	
For fi	arther information concerning this n	natter, please call:	
	Sharyn Evron	at (213)	689-4175
Enclo	(Name of Person) osed is a check for the amount:		e & Daytime Telephone Number)
\$ 3	5 Filing Fee \$43.75 Filing Fee Certificate of State		\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section		STREET ADDRESS: Amendment Section
	Division of Corporations P.O. Box 6327		Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Alliance Imaging No	C, Inc.	
(Name of Corporat	on)	
P16006		
(Document Number of Corpora	tion (if known)	
(Soundari Humbor of Corput		
Delaware		
(Incorporated Under L	aws of	
(mediporated onder E	aws or)	
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders.		у
This corporation revokes the authority of its registered agen appoints the Department of State as its agent for service of p the time it was authorized to transact business or conduct affair	rocess based on a cause of action arising during	
The following is a current mailing address for the corporation:	SE SE	
100 Bayview Circle, Suite 400	SE AIII	
(Mailing Address		
Newport Beach, CA 92660	EE, FL	7
(City/ State /Zip		
	FF 5	
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.	
	September 9, 2013	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Nick Poan	Assistant Secretary	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35

COVER LETTER

TO:	Division of Corpora					
SUBJ	ECT:		Alliance	Imaging N	IC, Inc.	
2020			(Name of			
DOC	UMENT NUMBER				***	P16006
The e	nclosed withdrawal	application and fe	ee are subn	nitted for	filing	
	e return all correspon- r to the following:	dence concerning	this			
			Sharyn E	vron		
			(Name of	Person)		
		A	Iliance Imag	ing NC, In	ıc.	
			(Firm/Co	mpany)		
		1000 Wi	Ishire Boule	vard, Suite	500	
			(Addı	ess)		
		L	os Angeles,	CA 90017	,	
		(Ci	ity/State ar	d Zip co	de)	
For fi	urther information co	ncerning this matte	er, please o	all:		
	Sharyn Evron		at (213)	689-4175
Enclo	(Name of Posed is a check for the	•		(Area C	Code &	2 Daytime Telephone Number)
\$3	35 Filing Fee \$\bigc\\$43. Cer	75 Filing Fee & Stificate of Status	Certified	l Copy onal copy		\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	Amendmer Division of P.O. Box 6	Corporations			A D 20	rret Address: mendment Section ivision of Corporations 661 Executive Center Circle

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Alliance imaging NC,	inc.	
(Name of Corporation)	_
P16006		
(Document Number of Corporation	n (if known)	
Delaware (Incorporated Under Law	or of	_
(incorporated officer Law	501)	
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conductive corporation revokes the authority of its registered agent in	et affairs in Florida.	ŕ
appoints the Department of State as its agent for service of pro-		sing during
the time it was authorized to transact business or conduct affairs	in Florida.	AN A
The following is a current mailing address for the corporation:		EC
the following is a current maining address for the corporation.		AHA AHA AHA
100 Bayview Circle, Suite 400		ART OF S
(Mailing Address)		
		PU R C
Newport Beach, CA 92660		
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the f	uture of any change in its mailing a	ddress.
ll.	September 7, 2013	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Nick Poan	Assistant Secretary	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35



100 Bayview Circle, Suite 400 Newport Beach, CA 92660 P 800.544.3215 F 949.242,5397 www.alliancehealthcareservices-us.com

September 9, 2013

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Dissolution - Shared P.E.T. Imaging of Florida, LLC

To Whom it May Concern:

Enclosed please find the originally executed Articles of Dissolution on behalf of **Shared P.E.T. Imaging of Florida, LLC** to be filed in your office. Along with the filing enclosed is check number 484002 in the amount of \$30.00 to cover all filing fees.

As per the instructions, I have also included an additional copy of the aforementioned filing to be returned as a CERTIFIED FILED copy in the self-addressed stamped envelope enclosed for your convenience.

Please feel free to contact me at 213-689-4175 if you have any questions regarding the enclosed. Thank you in advance for your prompt attention to this filing.

Very truly yours,

Sharvn Evron

Senior Corporate Paralegal