

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011399

1. Corporation Name

GAINESVILLE RADIOLOGY GROUP, P.A.

Principal Place of Business

Mailing Address

1026 SW SECOND AVE
GAINESVILLE FL 32601
US

1026 SW 2ND AVE
GAINESVILLE FL 32601
US

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

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

12/09/1992

5. FEI Number

59-3153134

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
+	SCHIERING, MICHAEL R	1026 SW 2ND AVE	GAINESVILLE FL 32601
+ VP	LOTZ, PRESTON R	1026 SW 2ND AVE	GAINESVILLE FL 32601
VP	MARSHALL, JULIA K	1026 SW 2ND AVE	GAINESVILLE FL
VP	HAWKINS, THOMAS W	1026 SW 2ND AVE	GAINESVILLE FL
P	PATTOVICH, MARK F	1026 SW 2ND AVE	GAINESVILLE FL 32601
VP	SHAHAN, JOHN S	1026 SW 2ND AVE	GAINESVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOTZ, PRESTON R
1026 SW 2ND AVE
GAINESVILLE FL 32601

Name

John S. Shahan, MD

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

1026 SW Second Ave #A

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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.

Signature of
Registered Agent

John S. Shahan
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/19/00

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

John S. Shahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

700003456067-5
-11/07/00--01113--014
****750.00 ****750.00

CR2040 (8/00)