2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# P95000043035

Entity Name: KENDALL REGIONAL RADIOLOGY & IMAGING ASSOCIATES, INC.

Current Principal Place of Business:

11750 SW 40 ST
MIAMI, FL 331755605 US

New Principal Place of Business:

Current Mailing Address:

12095 SW 49TH ST
MIAMI, FL 331755605 US

New Mailing Address:

FEI Number: 65-0590512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLO, ALVARO
1390 BRICKELL AVE
MIAMI, FL 33131 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: ALVARO CASTILLO

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: D ( ) Delete
Name: CALDERON, ROBERT
Address: 12095 SW 49TH ST
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: OCON, EVARISTO
Address: 4308 UNIVERSITY DR
City-St-Zip: MIAMI, FL 33146

Title: D ( ) Delete
Name: TELLERIA, JUAN
Address: 9200 SW 101 ST
City-St-Zip: MIAMI, FL 331763039

Title: D ( ) Delete
Name: ASHOURI, MODAR
Address: 6666 SW 115TH COURT, #108
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: BORRERO, GEORGE
Address: 14838 SW 35 ST
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ROBERTO J CALDERON PRES 10/19/2009

Electronic Signature of Signing Officer or Director — Date