

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700002696407--5

DOCUMENT # P95000057469

1. Corporation Name

RADIOLOGY GROUP, P.A.

Principal Place of Business

Mailing Address

1200 SOUTH PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0604128

Applied For

Not Applicable

City & State

City & State

Zip

REINSTATEMENT

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VD	GREED, JERE D.M.D.	1200 SOUTH PINE ISLAND ROAD, SUITE 600	PLANTATION FL
VD	MICHAEL ROBERTS, M.D.	3000 GALLERIA TOWER #1000	BIRMINGHAM, AL 35235
VD	MARGULIES, STANLEY	1200 PINE ISLAND ROAD, SUITE 600	PLANTATION FL
DTS	DAVID A. ERSTEIN, M.D.	3000 GALLERIA TOWER #1000	BIRMINGHAM, AL 35235
VD	FINDLEISS, J. CLIFFORD	1200 S. PINE ISLAND ROAD, #600	PLANTATION FL
DP	NEIL LAPPELMAN, M.D.	3000 GALLERIA TOWER #1000	BIRMINGHAM, AL 35235
ST	MCLEARY, GEORGE W.J.	1200 S. PINE ISLAND ROAD, #600	PLANTATION FL
DVP	ROBERT APPELMAN, M.D.	3000 GALLERIA TOWER #1000	BIRMINGHAM, AL 35235
AS	PECK, DAVID G.	1200 S. PINE ISLAND ROAD, #600	PLANTATION FL
D	NEIL J. PRINCIPLE, M.D.	3000 GALLERIA TOWER #1000	BIRMINGHAM, AL 35235
D	VICTOR WEINSTEIN, M.D.	3000 GALLERIA TOWER #1000	BIRMINGHAM, AL 35235

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
STE 250  
PLANTATION FL 33324

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Karen B. Rozar, Asst. Sec.  
Corporation Service Company

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

NEIL J. PRINCIPLE

11/19/98

205-982-4430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 043918 4390339

AUTHORIZATION : *Patricia Pigott*

COST LIMIT : \$ 758.75

ORDER DATE : November 24, 1998

ORDER TIME : 10:06 AM

ORDER NO. : 043918-005

CUSTOMER NO: 4390339

CUSTOMER: Ms. Amy E. Pyles  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

DOMESTIC FILINGS

NAME: RADIOLOGY GROUP, P.A.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
98 NOV 25 AM 11:36  
DIVISION OF CORPORATION