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APPROVED AND FILED

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT 97-98

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

98 MAR 16 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Typing or Printing

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P95000060111
Columbia Radiology Associates, P.A.
1217 East Avenue South, Suite 105
Sarasota, FL 34239

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5 $8.75 Additional Fee required for a Certificate of Status
08/22/95 Effective 07/28/95	65-0534913	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PD	Macchi, Paul J.	5832 Tidewood Avenue	Sarasota, Florida
STD	Willis, Paul D.	6708 Ashley Court	Sarasota, Florida

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****900.00 ****300.00

REINSTATEMENT 97-98

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REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Paul J. Macchi
1217 East Avenue South, Suite 105
Sarasota, Florida 34239

8. Name and Address of New Registered Agent and/or Office

Name: Paul J. Macchi

Street Address (Do NOT Use P.O. Box Number): 5832 Tidewood Avenue

Street Address (Do NOT Use P.O. Box Number):

City and State: Sarasota FL. Zip: 34231

9. 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 X Paul J Macchi REGISTERED AGENT MUST SIGN Date 3/4/98

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director X Paul J Macchi Date 3/4/98 Daytime Phone # 941-365-2517

Typed or printed name of signing officer or director Paul J. Macchi