

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000084686**

1. Corporation Name

**LARGO MRI, INC.**

Principal Place of Business

**ONE PARK PLAZA  
NASHVILLE TN 37203**

Mailing Address

**ONE PARK PLAZA  
NASHVILLE TN 37203**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**P.O. Box 570**

Suite, Apt. #, etc.

City & State

**Nashville, TN  
37202 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/03/1995**

5. FEI Number

**62-1636670**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BRAUN, STEPHEN T	ONE PARK PLAZA	NASHVILLE TN 37203
D	<del>GOLD, DAVID G</del> Kenneth C. Donahay	ONE PARK PLAZA	NASHVILLE TN 37203
D	<del>SCHWENHART, RICHARD A</del> Rosalyn S. Elton	ONE PARK PLAZA	NASHVILLE TN 37203
P	Jim Fleetwood	One Park Plaza	Nashville, TN 37203
VP	R. Milton Johnson	One Park Plaza	Nashville, TN 37203
S	John M. Franck	One Park Plaza	Nashville, TN 37203

8. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

**000002000950-2**

**-11/08/96--01106--005**

**\*\*\*375.00 \*\*\*375.00**

**FL**

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

REGISTERED AGENT MUST SIGN

Date

(See other side for information  
on intangible tax.)

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-96

Date

Daytime Phone

(615)327-9551

CR22500 (7/96)