

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR (97)
REINSTATEMENT



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

DOCUMENT # P96000018537

1. Corporation Name REGIONAL RADIOLOGY, PA

97 DEC - 8 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
160 NW 170th St.
Miami, FL 33169

Mailing Address
P.O. Box 640855
Miami, FL
33164-0855

REINSTATEMENT (97)

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 3/1/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0644535

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	GILBERT H. COHEN MD	3970 N 32 TERR	Hollywood, FL 33021
V.P.	CARL E. TABIAN MD	577 NE 96 St.	Miami Shores, FL 33138
Sec/TR	Mitchell S. Whitman MD	565 Coconut Circle	Weston, FL 33326
DIR	IRVING WALDMAN M.D.	2800 Island Blvd	No Miami Bch, FL 33160
DIR	NORMAN A. STOKES M.D.	121 GAVILAN AVE	Oral Gables, FL 33143
DIR	SANFORD ROBBINS MD	8555 DALKEITH LN.	Miami Lakes, FL 33016
DIR	ARTHUR B. SHER MD	2350 NE 213 TERR	Miami, FL 33180

8. Name and Address of Current Registered Agent

GILBERT H. COHEN MD.
3970 N. 32 TERR.
Hollywood, FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002368887-5

-12/10/97-01114-018

***750.00 ***750.00

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 Gilbert H. Cohen M.D.

REGISTERED AGENT MUST SIGN

Date Dec. 4, 1997

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., 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:

Gilbert H. Cohen M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 4, 1997

Date

Daytime Phone #

CR20040 (12/95)