

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 PM 2:42

DOCUMENT # P96000083245

1. Corporation Name

PINES RADIOLOGY CENTER, INC.

2. Principal Office Address

9050 PINES BLVD.

3. Mailing Office Address

210 S FEDERAL HWY

Suite, Apt. #, etc.

SUITE 160

Suite, Apt. #, etc.

2ND FLOOR

City & State

PEMBROKE PINES FL

City & State

HOLLYWOOD FL

Zip

33024

Country

USA

Zip

33020

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1996

5. FEI Number

65-0730095

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VLADIMIR GRNJA

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

210 S FEDERAL HWY

Suite, Apt. #, Etc.

2ND FLOOR

City

HOLLYWOOD

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

VLADIMIR GRNJA

Date

Dec 4, 2003

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GRNJA, VLADIMIR M.D.	9050 PINES BLVD.	PEMBROKE PINES FL 33024
VP	SCHNEIDER, JOEL M.D.	9050 PINES BLVD.	PEMBROKE PINES FL 33024
STD	MARTINSON, TIM	9050 PINES BLVD.	PEMBROKE PINES FL 33024

10. 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)(f), 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:

VLADIMIR GRNJA

Date

Dec 4, 2003

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

DATE: 12-04-03

TO: **DIVISION OF CORPORATIONS
REINSTATEMENT SECTION**

FROM: **VLADIMIR GRNJA
PINES RADIOLOGY CENTER, INC.**

We did not receive from you the Uniform Business Report by mail. ²⁰⁰³

Please file our renewal.

If you have any questions please contact us at 954-929-6078

Thanks,
VLADIMIR GRNJA
PINES RADIOLOGY CENTER, INC.

