

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000052648

Entity Name: APEX RADIOLOGY, INC.

FILED
Jun 05, 2009
Secretary of State

Current Principal Place of Business:

1999 UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

1999 UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

4250 E BROADWAY
SUITE 1005
COLUMBIA, MO 65201 US

New Mailing Address:

4250 E BROADWAY
SUITE 1005
COLUMBIA, MO 65201 US

FEI Number: 65-0760865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROME, WADE
1999 UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WADE M. ROME

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROME, WADE
Address: 1999 UNIVERSITY DR. #204
City-St-Zip: CORAL SPRINGS, FL 33071

Title: C () Delete
Name: THOMAS, PETE
Address: 1999 UNIVERSITY DRIVE, SUITE 204
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete
Name: KAUFMAN, BRYAN
Address: 1999 UNIVERSITY DRIVE, SUITE 204
City-St-Zip: CORAL SPRINGS, FL 33071

Title: CEO () Delete
Name: ROME, WADE
Address: 1999 UNIVERSITY DRIVE, SUITE 204
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE M. ROME

Electronic Signature of Signing Officer or Director

MR

06/05/2009

Date