

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000052648

Entity Name: APEX RADIOLOGY, INC.

**FILED**  
**Dec 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4250 E BROADWAY  
SUITE 1005  
COLUMBIA, MO 65201 US

## **Current Mailing Address:**

4250 E BROADWAY  
SUITE 1005  
COLUMBIA, MO 65201 US

## **New Principal Place of Business:**

100 NORTH BISCAYNE BLVD.  
C/O JONATHAN DAVIDOFF, ESQ. SUITE 1607  
MIAMI, FL 33132 US

## **New Mailing Address:**

100 NORTH BISCAYNE BLVD.  
C/O JONATHAN DAVIDOFF, ESQ. SUITE 1607  
MIAMI, FL 33132 US

FEI Number: 65-0760865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **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:**

DAVIDOFF, JONATHAN M  
100 NORTH BISCAYNE BLVD.  
SUITE 1607  
MIAMI, FL 33132 US

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: JONATHAN MARC DAVIDOFF

12/21/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: BRYAN KAUFMAN

SEC

12/21/2011

Electronic Signature of Signing Officer or Director

Date