

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
VOID OCT 11 2005
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEE ATTACHMENT FOR EXPLANATION.
SPT 4-27-05

DOCUMENT # **P97000087407**

1. Corporation Name
Open MRI of Coral Springs, Inc

2. Principal Office Address

2825 University Dr.
Suite, Apt. #, etc.

City & State

Coral Springs, FL
Zip Country
33065 US

3. Mailing Office Address

240 N Washington Blvd
Suite, Apt. #, etc.
7th Floor
City & State
Sarasota, FL
Zip Country
34236 US

4. Date Incorporated or Qualified
To Do Business in Florida

2-5-99

5. FEI Number

05-0914884

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

Daniel Branch

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

240 N Washington Blvd

Suite, Apt. #, Etc.

7th Floor

City

Sarasota

State

FL

Zip Code

34236

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

[Signature]

Date

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
CFO	Daniel Branch	240 N Washington Blvd 7th Floor	Sarasota, FL 34236

200841738582
10/08/04--01059--012 **300.00

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)(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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Branch

Date

8/31/04 (941) 925-3410

Daytime Phone #

CR2E081 (01/04)

185



240 n. washington blvd. / sarasota, fl 34236
941.925.3490 / 941.953.4452 fax
www.horizon-medical.com

April 22, 2005

Division of Corporations
Attn: Sean Toner
409 East Gaines Street
Tallahassee, FL 32399

Re: Document # P97000087407
Open MRI of Coral Springs

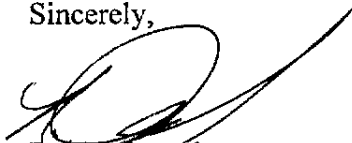
Dear Mr. Toner;

Please accept this letter as documentation that in October of 2004, Horizon Medical Group accidentally reinstated a company that is not affiliated to them in any way. We received a reinstatement card for Open MRI of Coral Springs stating that it had been dissolved and needed reinstated. We mistook this company for our 'Horizon Open MRI of Coral Springs'. Enclosed is all of the documentation I was able to pull off of your website to support our error. Please remove Horizon Medical Group from this Document number. In addition, please refund us the amount paid for the incorrect reinstatement and send it to my attention at the following address.

Horizon Medical Group
240 N. Washington Blvd
7th Floor
Sarasota, FL 34236

Thank you for your immediate attention to this matter. If you have any further questions or concerns, please feel free to contact me. Thank you.

Sincerely,



Daniel Branch
CFO