PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUN -1 PM 1:03

[redacted]

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

00 01 0402

DOCUMENT # P98000032402

1. Corporation Name

CENTRAL FLORIDA OPEN MRI, INC.

500004435655--3
-06/21/01--01086--019
****308.75 ****308.75

00-01

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2821 US 27 North | 2821 US 27 North |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Sebring, FL | City & State: Sebring, FL |
| Zip: 33870 Country: USA | Zip: 33870 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 4/98

5. FEI Number: 65-0828057 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional fee required for a certificate of status

7. Name and Address of Current Registered Agent

Name: Fabio Oliveros

PLEASE SEND FUTURE ANNUAL REPORT FORMS TO THIS ADDRESS.

Street Address (P.O. Box Number is Not Acceptable): 130 Medical Center Avenue

Suite, Apt. #, Etc.:

City: Sebring State: FL Zip Code: 33870

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: X Fliorrom Date: 05/07/01

Fabio Oliveros REGISTERED AGENT MUST SIGN

CR2E064 (9/00)

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| Pres | Fabio Oliveros | 130 Medical Ctr Ave | Sebring, FL 33870 |
| Sec Tres | Kye Pahk | 6801 US 27 N - Ste C-2 | Sebring, FL 33870 |
| | | | 500004435655--3 06/21/01--01086--019 ****308.75 ****158.75 |
| | | | |
| | | | SP |

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: X Fliorrom Fabio Oliveros 5/7/01 863-385-2606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #