

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

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

DOCUMENT # **P98000088476**

1. Corporation Name
Premier Health Imaging, International Inc.

Principal Place of Business Mailing Address
**4800 NW 2nd Ave Suite 6.
Boca Raton Fla 33431**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

FILED
99 DEC -9 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **OR**

4. Date Incorporated or Qualified To Do Business in Florida **October 1, 1998** **SP**

5. FEI Number **65-0869962**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ See Instructions for details

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO	Stephen A. Schulman	501 S. Ocean Blvd	Boca Raton FL 33431
EVP	JOHN M. DONALDSON	20950-2 Via Jasmine	Boca Raton FL 33438
COO	SHERRI M. DONALDSON	20950-2 Via Jasmine	Boca Raton FL 33438

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **John M. Donaldson**
Street Address (P.O. Box Number is Not Acceptable) **4800 NW 2nd Ave**
Suite, Apt. #, Etc. **Suite 6.**
City **Boca Raton** State **FL** Zip Code **33431**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **John M. Donaldson** Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: **Sherri M. Donaldson** 11-22-99 561 998 0545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #