

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 20 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015978

1. Corporation Name

MEDICAL SPECIALTIES & DIAGNOSTIC SERVICES IN ORLANDO, INC.

Principal Place of Business

Mailing Address

2010 SOUTH ORANGE AVENUE
ORLANDO FL 32806

2010 SOUTH ORANGE AVENUE
ORLANDO FL 32806

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Melville, New York
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1999

5. FEI Number

59-3490258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	Timothy Damadian	110 Marcus Drive	Melville, New York 11747
PTSD	Raymond V. Damadian, M.D.	110 Marcus Drive	Melville, New York 11747
			700003912737--1 --03/27/01--01090--005 ****150.00 ****150.00
			700003912737--1 --03/27/01--01090--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name
Gabe Imperato, Esq. Broad & Cassel
Street Address (P.O. Box Number is Not Acceptable)
500 E. Broward Blvd.
Suite, Apt. #, Etc.
Suite 1130
City Ft. Lauderdale State FL Zip Code 33394

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond V. Damadian

Date

2/4/01

(631) 694-2929

Daytime Phone #

CR2E040 (800)