PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 12 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51817

1. Corporation Name

CENTRAL FLORIDA DIAGNOSTIC, INC.

Principal Place of Business	Mailing Address
130 SOUTH MOON AVE. BRANDON FL 33511	130 SOUTH MOON AVE. BRANDON FL 33511

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
128 South Moon Ave.	128 South Moon Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, FL	City & State: Brandon, FL
Zip: 33511 Country: U.S.A	Zip: 33511 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 05/13/1991

5. FEI Number: 59-3080201 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KILGORE, JOHN M II No longer at this Company	128 S MOON AVE	BRANDON FL 33511
VD	KILGORE, JOHN M MD	128 S MOON AVE	BRANDON FL 33511
			300002006683--0 -11/18/96--01007--008 ****383.75 ****383.75
			REINSTATEMENT 1996 MWB 11-14-96

8. Name and Address of Current Registered Agent

DAHLE, MARK F
5150 SOUTH FLORIDA AVENUE
SUITE C-23
LAKELAND FL 33813

9. Name and Address of New Registered Agent

Name: JOHN M. KILGORE, MD
Street Address (P.O. Box Number is Not Acceptable): 128 South Moon Ave.
Suite, Apt. #, Etc.:
City: BRANDON State: FL Zip Code: 33511

CR2E040 (7/96)

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. KILGORE, MD Date: 9/24/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: JOHN M. KILGORE, MD Date: 9/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #