READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # S76975

1. Corporation Name

BISCAYNE MEDICAL IMAGING MANAGEMENT, INC.

Principal Place of Business	Mailing Address
21110 BISCAYNE BLVD AVENTURA FL 33180 US	21110 BISCAYNE BLVD AVENTURA FL 33180 US

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 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/30/1991

5. FEI Number: 11-3084020 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MILLER, ROBERT J	132 DEERPATH RD	ROSLYN HEIGHTS NY 11577
DVPS	QUIGLEY, ROBERT J	10 ABBOT RD	SMITHTOWN NY 11787

400024165314
10/27/03--01051--016 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MILLER, ROBERT 3000 HOLIDAY DR #301 FORT LAUDERDALE FL 33316	Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:

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. or 617.0505, F.S.

Signature of Registered Agent ____________________ Date ____________

REGISTERED AGENT MUST SIGN

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] ROBERT QUIGLEY V.P. 10/18/03 631-724-6796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E087