

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016102 AT

**DOCUMENT # A9200000046**

FILED

02 MAR 25 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**



1. Entity Name  
**ORANGE PARK IMAGING, LTD.**

Principal Place of Business  
**2020 PROFESSIONAL CENTER DRIVE  
ORANGE PARK FL 32073**

Mailing Address  
**2323 CURLEW ROAD, SUITE 7E  
PALM HARBOR FL 34688**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
**Dunedin, FL**

City & State  
**Dunedin, FL**

Zip  
**34698**

Country

4. FEI Number  
**58-2015995**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JACOBSON, CHARLES J  
C/O JACOBSON CONSULTING, INC.  
2323 CURLEW ROAD, SUITE 7E  
PALM HARBOR FL 34688**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **Dunedin** FL Zip Code **34698**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **3/13/02**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$550,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$550,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P98000090037</b>
NAME	<b>SOUTHERN MEDICAL INVESTMENTS, INC.</b>
STREET ADDRESS	<b>3667 SOPE CREEK FARM</b>
CITY-ST-ZIP	<b>MARIETTA GA 30067</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>000005194420--5</b>
CITY-ST-ZIP	<b>-04/05/02--01020--001</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **James Binder** **3/22/02** **404-281-4336**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE