

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004418

1. Entity Name

MEDICAL SCANNING CONSULTANTS, P.A.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90116 037 \*\*\*150.00

Principal Place of Business 5775 WAYZATA BLVD., STE. 190 ST. LOUIS PARK MN 55416	Mailing Address 5775 WAYZATA BLVD., STE. 190 ST. LOUIS PARK MN 55416-1200
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1410766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HEITHOFF, KENNETH B M.D. 5775 WAYZATA BLVD., STE. 190 ST. LOUIS PARK MN 55416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHELLHAS, KURT P M.D. 5775 WAYZATA BLVD., STE. 190 ST. LOUIS PARK MN 55416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRITTS, HOLLIS M M.D. 5775 WAYZATA BLVD., STE. 190 ST. LOUIS PARK MN 55416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUNDY, COOPER R M.D. 5775 WAYZATA BLVD., STE. 190 ST. LOUIS PARK MN 55416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLLEI, STEVEN R M.D. 5775 WAYZATA BLVD., STE. 190 ST. LOUIS PARK MN 55416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DORWART, ROBERT H M.D. 5775 WAYZATA BLVD., STE. 190 ST. LOUIS PARK MN 55416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

612-525-6320

Daytime Phone #

CR2E034 (9/99)

95000004418

Attachment  
00050614

MEDICAL SCANNING CONSULTANTS, PA  
2000 ADDITIONAL OFFICERS & DIRECTORS

TITLE	S
NAME	JACOBSEN, DONALD
STREET ADDRESS	5775 WAYZATA BLVD., STE. 190
CITY-ST-ZIP	ST. LOUIS PARK, MN 55416