## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

5775 WAYZATA BLVD., STE. 190

## F95000004418 **DOCUMENT #**

1. Entity Name

Principal Place of Business

5775 WAYZATA BLVD., STE. 190

MEDICAL SCANNING CONSULTANTS, P.A.



**FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90198 008 \*\*\*150.00

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	CHECK HERE IF MAKING CHANGES							
4.	FEI Number 41-1410766	Applied For						
		Not Applicable						
	5. Certificate of Status Desired							
7. (	Name and Address of New Registered Agent							
_	,							
D. Box Number is Not Acceptable)								
		p Code						
agent, or both, in the State of Florida. I am familiar with, and accept								
en re	instating) DATE							
	9. Election Campaign Financing	\$5.00 May Be						
		Added to Fees						
ADI	DITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11						
	☐ Change ☐ Addition							
	☐ Cha	ange 🗌 Addition						

Suite, Apt. 4, etc.  City & State  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	ST. LOUIS PARK MN 55416  2. Principal Place of Business		ST. LOUIS PARK MN 55416  3. Mailing Address					
City & State  Ci								
City & State  City & State  City & State  City Seal Address of New Registered Agent  City Seal Address of New R	Suite, Apt. #, etc.		Suite, Apt. #, etc.		—. ☐ CHECK HERE IF	MAKING CHANGES		
Second   S	City & State C		City & State		A EELNimboo	A FEINING.		
For Required  To Name and Address of Current Registered Agent  CDI CENTRAL FLORIDA 1285 ORANGE AVE SUITE 200  WINTER PARK FL 32789  Chy  Chy  FL  Zip Code  FL  Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  Chy  FL  Zip Code  FL  Signature  The above paramed entity submits this statement for the purpose of changing its registered office or registered agent. or both. in the State of Florida. I am familiar with, and acceptable the decided pagnation of registered agent. or both. in the State of Florida. I am familiar with, and acceptable the decided pagnation of registered agent. or both. in the State of Florida. I am familiar with, and acceptable the decided pagnation of registered agent. or both. in the State of Florida. I am familiar with, and acceptable the food agent agent and stole 4 Applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 and state 1 Applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 and state 1 Applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 and state 1 Applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 and state 1 Applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State 1 Applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  After May 2, 2003 Fee will be \$550.00  Aft	Zip	Country	Zip	Country		Not Applicabl  \$8.75 Additional		
CDI CENTRAL FLORIDA 1285 ORANGE AVE SUITE 200 WINTER PARK FL 32789  City FL Zp Code  6. The above ramed entity submits this statement for the purpose of changing its registerod office or registered agent, or both, in the State of Florida. I am farmhar with, and access the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  MAKE HEITHOFF, KENNETH B M.D. STREET ADDRESS 5775 WAYZATA BLVD., STE. 190 STREET	6. Name and Address of Current Registered Agent			<u> </u>		Fee Required		
Street Address (P.O. Box Number is Not Acceptable)  WINTER PARK FI. 32789  City  FL  Zip Code  City  FL  ADDITIONS/CHANGe invaluation in the State of Florida. I am familiar with. and acce  Added to Fees  Added to Fees  City  FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  The Name  City Sity  Site Address  City Sity  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  City Sity  City Sity  City Sity  City Sity  City  FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  City Sity  City Sity Sity Code  City Sity Sity  City Sity Sity Code  City Sity Sity Code  City Sity Sity Code	ODI 051			Name	The and Address of New Net	istered Agent		
SUITE 200 WINTER PARK FL 32789  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  Code  City  FL  Zip Code  Code  Code  City  FL  Zip Code  Code  Code  Code  City  FL  Zip Code  Code  Code  Code  Code  City  FL  Zip Code		= * *		Street Addr	Street Address (P.O. Bay Number in Net Assessed			
### City ### Izp Code				oli edi Addi	tos (F.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  O CFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  MME HEITHOFF, KENNETH B M.D. STREET ADDRESS OTH'S 1-7P ST. LOUIS PARK MN 55416  DV HINE  DV HINE  STREET ADDRESS OTH'S 1-7P ST. LOUIS PARK MN 55416  DV HINE  QUINDRY, COOPER R M.D. STREET ADDRESS								
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. I am familiar with, and accelered agent.  SIGNATURE    Signature   Signature   Signature   Signature name of registered agent and time of applicable.   INOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accelered the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accelered the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accelered the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accelered the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accelered the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accelered agent. or both, in the State of Florida. I am familiar with, and accelered agent. or both, in the State of Florida. I am familiar with, and accelered agent. or both, in the State of Florida. I am familiar with, and accelered agent. or both, in the State of Florida. I am familiar with, and accelered agent. or both, in the State of Florida. I am familiar with, and accelered agent. Once a present agent				'				
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C. Thereby Certify that the intermation supplied with this filing does not supply that			s filing does not asset to a					

quired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Athehment # F95000004418/

MEDICAL SCANNING CONSULTANTS, PA 2003 ADDITIONAL OFFICERS & DIRECTORS

TITLE

**NAME** 

JACOBSEN, DONALD

STREET ADDRESS 5775 WAYZATA BLVD., STE. 190

CITY-ST-ZIP

ST. LOUIS PARK, MN 55416