

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90198 008 ***150.00

UBR009 A1

DOCUMENT # F95000004418

1. Entity Name
MEDICAL SCANNING CONSULTANTS, P.A.



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**

1000JJ4J



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1410766**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CDI CENTRAL FLORIDA
1285 ORANGE AVE
SUITE 200
WINTER PARK FL 32789**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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	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	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	V GUNDRY, 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	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	V DORWART, ROBERT H M.D. 5775 WAYZATA BLVD., STE. 190 ST. LOUIS PARK MN 55416 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 1/8/03 952-525-6320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

F95000004418 / 10005513

MEDICAL SCANNING CONSULTANTS, PA
2003 ADDITIONAL OFFICERS & DIRECTORS

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