

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000029160

1. Entity Name

FLORIDA IMAGING CONSULTANTS, P.A.



Principal Place of Business

1615 NW FEDERAL HWY
STUART, FL 34994 US

Mailing Address

1615 NW FEDERAL HWY
STUART, FL 34994 US



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0824859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALKER, ANDREW T MD
1615 NW FEDERAL HWY
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLANT, ANDREW S MD
STREET ADDRESS	1615 NW FEDERAL HWY
CITY - ST - ZIP	STUART, FL 34994
TITLE	S
NAME	ZAYAS, HENRY R MD
STREET ADDRESS	1615 NW FEDERAL HWY
CITY - ST - ZIP	STUART, FL 34994
TITLE	T
NAME	WALKER, ANDREW T MD
STREET ADDRESS	1615 NW FEDERAL HWY
CITY - ST - ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/07/06-80001-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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

Henry R. Zayas, MD 2/17/06 772-878-5858