

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000029160

FILED
Jan 16, 2003
Secretary of State

Entity Name: FLORIDA IMAGING CONSULTANTS, P.A.

Current Principal Place of Business:

54 N.E. FOURTH AVE.
DELRAY BEACH, FL 33483

New Principal Place of Business:

1615 NW FEDERAL HWY
STUART, FL 34994 US

Current Mailing Address:

54 N.E. FOURTH AVE.
DELRAY BEACH, FL 33483

New Mailing Address:

1615 NW FEDERAL HWY
STUART, FL 34994 US

FEI Number: 65-0824859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQUIRE
54 N.E. FOURTH AVE.
DELRAY BEACH, FL 33483

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLANT, MD, ANDREW
Address: 5146 SW SPRING ASTER CT
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: ZAYAS, MD, HENRY
Address: 1590 CYPRESS GLEN WAY
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: WALKER, MD, ANDREW
Address: 6 CRANES NEST
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALLANT, ANDREW S MD
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994 US

Title: S (X) Change () Addition
Name: ZAYAS, HENRY R MD
Address: 1615 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994 US

Title: T (X) Change () Addition
Name: WALKER, ANDREW T MD
Address: 1615 NW FEDERAL HWY.
City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW T. WALKER, M.D.

T

01/16/2003

Electronic Signature of Signing Officer or Director

Date