2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003088

1. Entity Name

FLORIDA DIAGNOSTIC IMAGING CENTER, INC.

FILED

00 SEP 26 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3295 RIVER EXCHANGE DRIVE - SUITE 275 NORCROSS GA 30092	3295 RIVER EXCHANGE DRIVE - SUITE 275 NORCROSS GA 30092

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3551727 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUKE, JOHN K
4511 NORTH DAVIS HIGHWAY, SUITE 1-B
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	MGR	☐ Delete
NAME	LUKE, JOHN K	
STREET ADDRESS	3295 RIVER EXCHANGE DR, STE 275	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	MGR	☐ Delete
NAME	VENESKY, GENE	
STREET ADDRESS	3295 RIVER EXCHANGE DR, STE 275	
CITY-ST-ZIP	NORCROSS, GA 30092	
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition (six blocks)

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-10/06/00--01108--019
****758.75 ****758.75

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 REQUIRED — 9/25/00 — 770) 300-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #