## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000003088

Entity Name: FLORIDA DIAGNOSTIC IMAGING CENTER, INC.

FILED Apr 05, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RTH POINT PK ETTA, GA 3002				
Current Mailing Address:			New Mailing Address:		
	RTH POINT PKY ETTA, GA 3002				
FEI Number	r: 59-3551727	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	current Registered Agent:	Name and Address o	f New Registered Agent:	
1200 SOL	PORATION SYS JTH PINE ISLAI TION, FL 33324	ND ROAD			
	e named entity see of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CFO () GENTRY, TOM 4300 NORTH P ALPHARETTA,	OINT PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VENESKY, GEN 4300 NORTH P		Title: Name: Address:	() Change () Addition	
	, (C) 10 ((C) 117 (,	GA 30022	City-St-Zip:		

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: JOHN K LUKE PRES 04/05/2004