2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003
Secretary of State

DOCUMENT# P99000003088

Entity Name: FLORIDA DIAGNOSTIC IMAGING CENTER, INC.

Current Principal Place of Business:

4300 NORTH POINT PKWY
ALPHARETTA, GA 30022

New Principal Place of Business:

Current Mailing Address:

4300 NORTH POINT PKWY
ALPHARETTA, GA 30022

New Mailing Address:

FEI Number: 59-3551727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: CFO ( ) Delete
Name: GENTRY, TOM
Address: 3295 RIVER EXCHANGE DRIVE - SUITE 275
City-St-Zip: NORCROSS, GA 30092

Title: MGR ( ) Delete
Name: VENESKY, GENE
Address: 3295 RIVER EXCHANGE DRIVE - SUITE 275
City-St-Zip: NORCROSS, GA 30092

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change ( ) Addition
Name: GENTRY, TOM
Address: 4300 NORTH POINT PKWY
City-St-Zip: ALPHARETTA, GA 30022

Title: CEO (X) Change ( ) Addition
Name: VENESKY, GENE
Address: 4300 NORTH POINT PKWY
City-St-Zip: ALPHARETTA, GA 30022

Title: PRES ( ) Change (X) Addition
Name: LUKE, JOHN K
Address: 4300 NORTH POINT PKWY
City-St-Zip: ALPHARETTA, GA 30022

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 04/02/2003

Electronic Signature of Signing Officer or Director — Date