

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603556

FILED
Apr 23, 2004
Secretary of State

Entity Name: FLORIDA DIAGNOSTIC IMAGING ASSOCIATES, P.A.

Current Principal Place of Business:

P.O. BOX 69
EUSTIS, FL 32727

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 69
EUSTIS, FL 32727

New Mailing Address:

FEI Number: 59-1417353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARLMAN, MARSHALL
612 SOUTH BAY STREET
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

PANZL, JOSEPH R
163 EAST MORSE BOULEVARD
SUITE 200
WINTER PARK, FL 32789 US

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: JOSEPH R. PANZL

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: 2VP () Delete
Name: HOLTON, R.O.,
Address: P.O. BOX 69 ((N/A))
City-St-Zip: EUSTIS, FL 32727

Title: P () Delete
Name: PEARLMAN, MARSHALL,
Address: P.O. BOX 69 ((N/A))
City-St-Zip: EUSTIS, FL 32727

Title: 4VP () Delete
Name: WITTENSTEIN, FRED S.,
Address: P.O. BOX 69 ((N/A))
City-St-Zip: EUSTIS, FL 32727

Title: S () Delete
Name: SIEGEL, MARK F.,
Address: P.O. BOX 69 ((N/A))
City-St-Zip: EUSTIS, FL 32727

Title: 3VP () Delete
Name: HURST, LARRY L.,
Address: P.O. BOX 69 ((N/A))
City-St-Zip: EUSTIS, FL 32727

Title: T (X) Delete
Name: GERSTEN, KENNETH C.,
Address: P.O. BOX 69 ((N/A))
City-St-Zip: EUSTIS, FL 32727

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: FROST, ALAN P M.D.
Address: P.O. BOX 69
City-St-Zip: EUSTIS, FL 32727 US

Title: D/VP (X) Change () Addition
Name: GERSTEN, KENNETH C M.D.
Address: P.O. BOX 69
City-St-Zip: EUSTIS, FL 32727 US

Title: D/T (X) Change () Addition
Name: GOLDBERG, PAUL A M.D.
Address: P.O. BOX 69
City-St-Zip: EUSTIS, FL 32727 US

Title: D/S (X) Change () Addition
Name: HURST, LARRY C M.D.
Address: P.O. BOX 69
City-St-Zip: EUSTIS, FL 32727 US

Title: D (X) Change () Addition
Name: BHANDARY, PRAMODE M.D.
Address: P.O. BOX 69
City-St-Zip: EUSTIS, FL 32727 US

Title: () Change () Addition
Name:
Address:
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: ALAN P. FROST, M.D.

P

04/23/2004

Electronic Signature of Signing Officer or Director

Date