

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90492 025 ***150.00

DOCUMENT # 654429

1. Entity Name
PUTNAM RADIOLOGY ASSOCIATES, P.A



Principal Place of Business
**HWY 20 WEST
PALATKA FL 32177
US**

Mailing Address
**P. O. DRAWER 1659
P.O. DRAWER 1659
PALATKA FL 32177
US**



2. Principal Place of Business
3424 St Johns Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palatka FL

City & State

4. FEI Number **59-1983515**

Applied For
Not Applicable

Zip **32177** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MC DOWALL, JAMES D
HWY 20 WEST
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name **Wayne Garrett**
Street Address (P.O. Box Number is Not Acceptable)
Federal Point Road
City **East Palatka FL** Zip Code **32131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Wayne Garrett**
Signature, typed or printed name of registered agent and title if applicable.

Wayne Garrett
(NOTE: Registered Agent signature required when reinstating)

4/23/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME **GARRETT, WAYNE, M.D.**
STREET ADDRESS **P. O. DRAWER 1659 N/A**
CITY-ST-ZIP **PALATKA FL**

TITLE ☒ Change ☐ Addition
NAME **Federal Point Road**
STREET ADDRESS **East Palatka FL**
CITY-ST-ZIP **32131**

TITLE **VDT** ☒ Delete
NAME **MCDOWALL, JAMES D., M.D.**
STREET ADDRESS **P. O. BOX 1659 N/A**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **SOONG, JOHN M**
STREET ADDRESS **P.O. DRAWER 1659 N/A**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Wayne Garrett** **Wayne Garrett** **4/23/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)