

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21590**

1. Entity Name

NAPLES DIAGNOSTIC IMAGING CENTER, LTD.

FILED

02 FEB 21 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RMJH



Principal Place of Business

**NO. 20. TENTH ST., N.
NAPLES FL**

Mailing Address

**P.O. BOX 8659
NAPLES FL 34101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-2432183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, THOMAS R
2660 AIR PORT ROAD SOUTH
NAPLES FL**

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

DATE

9. Capital Contributions
as Shown on record.

\$315,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**H16874
COMMUNITY IMAGING, INC.
350 SEVENTH STREET, N.
NAPLES FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**H16795
GULF BREEZE OF NAPLES
1441 RIDGE STREET
NAPLES FL 34103**

STREET ADDRESS

CITY-ST-ZIP

100005031771--7

03/01/02 01029 007

******\$26.25 ****\$26.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0014839 AT