

2002 UNIFORM BUSINESS REPORT (UBR)

0016102 AT

DOCUMENT # **A92000000046**

1. Entity Name

ORANGE PARK IMAGING, LTD.

FILED

02 MAR 25 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business

**2020 PROFESSIONAL CENTER DRIVE
ORANGE PARK FL 32073**

Mailing Address

**2323 CURLEW ROAD, SUITE 7E
PALM HARBOR FL 34683**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Dunedin, FL

4. FEI Number
58-2015995

Applied For
Not Applicable

Zip

Country

Zip

34698

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBSON, CHARLES J
C/O JACOBSON CONSULTING, INC.
2323 CURLEW ROAD, SUITE 7E
PALM HARBOR FL 34683**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Dunedin

FL

Zip Code

34698

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

Charles J. Jacobson

3/13/02

DATE

9. Capital Contributions
as Shown on record.

\$550,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$550,000.00

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 # **P98000090037**
NAME **SOUTHERN MEDICAL INVESTMENTS, INC.**
STREET ADDRESS **3667 SOPE CREEK FARM**
CITY-ST-ZIP **MARIETTA GA 30067**

STREET ADDRESS

CITY-ST-ZIP

000005194420--5
-04/05/02--01020--001
******526.25 ****526.25**

DOCUMENT #
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CITY-ST-ZIP

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:

James Binder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/22/02 404-281-4336
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE