

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90272 049 \*\*\*150.00

DOCUMENT # F00000002066

1. Entity Name

JACKSONVILLE BEACHES MEDICAL IMAGING, INC.



Principal Place of Business

3316 SOUTH THIRD STREET  
SUITE 101  
JACKSONVILLE FL 32250  
US

Mailing Address

8302 DUNWOODY PLACE  
SUITE 200  
ATLANTA GA 30350  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2224844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRUMMITT, DARLYNE  
1737 ARDEN WAY  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

Carey L. Elam

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

3316 South Third Street Suite 101

City

Jacksonville Beach FL

Zip Code

32250

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

*Carey L. Elam*  
Signature, typed or printed name of registered agent and title if applicable.

*Carey L. Elam, Chief Operating Officer*  
(NOTE: Registered Agent signature required when reappointing)

DATE

4-27-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE CPST ☐ Delete  
NAME CARL, ROBERT D III  
STREET ADDRESS 8300 DUNWOODY PLACE, SUITE 209  
CITY-ST-ZIP ATLANTA GA 30350-3304

TITLE V ☐ Delete  
NAME SCOTT, MICHAEL R  
STREET ADDRESS 8300 DUNWOODY PLACE, SUITE 209  
CITY-ST-ZIP ATLANTA GA 30350-3304

TITLE ASAT ☐ Delete  
NAME LEO, REBECCA H  
STREET ADDRESS 8302 DUNWOODY PL - STE. 200  
CITY-ST-ZIP ATLANTA GA 30350

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Referring # Leo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Asst Secretary / Asst Treasurer*

4-27-04

(770) 518-9020