8/31/2

FILED
Sep 28, 2004 8:00 am
Secretary of State
08-31-2004 90001 041 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000001201

1. Entity Name
HERITAGE RADIOLOGY ASSOCIATES, INC.

66

Principal Place of Business	Mailing Address
100 EUROPA DR., STE 417 CHAPEL HILL, NC 27517	100 EUROPA DR., STE 417 CHAPEL HILL, NC 27517

08192004 Chg-P CR2E034 (10/03)

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: 56-2243850 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 S. PINELAND ROAD
Plantation, FL 33324

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

SIGNATURE [signature] Shelley Savage Vice President 9-23-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SATHER, RANDALL K 100 EUROPA DR., STE 417 CHAPEL HILL, NC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 8/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
66413491
FO1000001201

Nelson
Mullins

Nelson Mullins Riley & Scarborough LLP
Attorneys and Counselors at Law
4140 Parklake Avenue / GlenLake One / Second Floor / Raleigh, North Carolina 27612
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September 20, 2004

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Heritage Radiology Associates, Inc.

Dear Sir or Madam:

Please find enclosed the Annual Report and fees for the above referenced entity.

If you have any questions regarding the enclosed please do not hesitate to contact our office.

With kind regards, I am

Very truly yours,

Shaunesy Story

STS:s
Enclosures

Attachment
06434191

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 2, 2004

HERITAGE RADIOLOGY ASSOCIATES, INC.
100 EUROPA DR., STE 417
CHAPEL HILL, NC 27517

Subject: **HERITAGE RADIOLOGY ASSOCIATES, INC.**

Reference Number: **F01000001201**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.
TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.
If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg
ANNUAL REPORTS SECTION

ATTACHMENT

#F01000001201

-C06434191

Nelson Mullins

Nelson Mullins Riley & Scarborough LLP
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Shaunesy Story
Paralegal
919.877.3819
shaunesy.story@nelsonmullins.com

August 26, 2004

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Heritage Radiology Associates, Inc.

Dear Sir or Madam:

Please find enclosed the Statement of Change of Registered Agent and Annual Report and fees for the above referenced entity are submitted for filing.

If you have any questions regarding the enclosed please do not hesitate to contact our office.

With kind regards, I am

Very truly yours,

Shaunesy Story

STS:s
Enclosures