STREET ADDRESS

**SIGNATURE** 

C(TY-ST-ZIP

FILED Sep 13, 2001 8:00 am Secretary of State 1. Entity Name DORN & ASSOCIATES, M.D., P.A. 09-13-2001 90053 043 \*\*\*550.00 Principal Place of Business ----Mailing Address 330 EVANSDALE RD. P.O. BOX 520667 LAKE MARY FL 32746 LONGWOOD FL 32752 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2379932 000A Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 42ُت ろスプ エし 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Dorn, -broathan SMD 3875 Indian River Drive DORN, JONATHAN S M.D. Street Address (P.O. Box Number is Not Acceptable) 330 EVANSDALE RD. LAKE MARY FL 32746 City Zip Code mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE T29Change ☐ Addition DORN, JONATHAN \$ M.D. NAME NAME Indian River Drive 330 EVANSDALE STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP 32926 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST\_ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

STREET ADDRESS

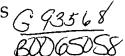
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an agarkess, with all other like empowered.

## SEMINOLE RADIOLOGY ASSOCIATES

JONATHAN S. DORN, M.D.

Diplomate American College of Radiology



 $Diagnostic \, and \, Interventional \, Radiology, Computed \, Tomography, MRI, \, Ultrasound, \, Nuclear \, Medicine, \, and \, Mammography$ 

September 6, 2001

Division of Corporations
Uniform business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am enclosing the form G93568 along with the \$550.00 fee. I would like to point out that this is the first form I have received this year and that you may want to discuss forwarding of your "official forms" with the US postal service. Their cooperation would save me a significant amount of money.

Thank you for attending to this, (and maybe the post office will listen).

Sincerely,

Jonathan S. Dorn, M.D.

President, Dorn & Associates, M.D., P.A.

JD/dt