

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J76025

1. Entity Name

PHYSICIANS IMAGING PARTNERSHIP, INC.

FILED

01 MAY 16 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1213 Hodges Drive
c/o Dr. Vroom
Tallahassee, FL 32308

1213 Hodges Drive
c/o Dr. Vroom
Tallahassee, FL 32308

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

59-2861273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robert A. Pierce
227 South Calhoun Street
Tallahassee, FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS Maitland, Carol
CITY-ST-ZIP 4223 Baypoint Road, P.O. Box 28023
Panama City, FL 32411-8023

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

TITLE ☐ Delete
NAME D
STREET ADDRESS McRae, Christopher T.
CITY-ST-ZIP 1305 Blakemore Court
Tallahassee, FL 32311

TITLE ☐ Change ☐ Addition
NAME 400004287474-9
STREET ADDRESS -05/22/01--01078--013
CITY-ST-ZIP ****150.00 ****150.00

TITLE ☐ Delete
NAME PTS
STREET ADDRESS Vroom, Fred Q. M.D.
CITY-ST-ZIP 1213 Hodges Drive
Tallahassee, FL 32308

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

TITLE ☐ Delete
NAME V
STREET ADDRESS Geissinger, James M.D.
CITY-ST-ZIP 6168 Pickwick Road
Tallahassee, FL 32308

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

TITLE ☐ Delete
NAME V
STREET ADDRESS Davis, Frank M.D.
CITY-ST-ZIP 7 Hibernia Road
Savannah, GA 31411

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

TITLE ☐ Delete
NAME D
STREET ADDRESS Slade, George F.
CITY-ST-ZIP 5307 Pimlico Drive
Tallahassee, FL 32308

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 address, with all other like empowered

SIGNATURE:

Fred Q. Vroom M.D.

Fred Q. Vroom, M.D.

5/16/01

850/681-5025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)