

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J76025

1. Entity Name

PHYSICIANS IMAGING PARTNERSHIP, INC.

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90003 008 ***150.00

0042837 AV

Principal Place of Business 1213 HODGES DRIVE C/O DR. VROOM TALLAHASSEE FL 32308 US	Mailing Address 1213 HODGES DRIVE C/O DR. VROOM TALLAHASSEE FL 32308 US
2. Principal Place of Business 2801 Edenderry Drive Suite, Apt. #, etc.	3. Mailing Address 2801 Edenderry Drive Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 59-2861273	Applied For Not Applicable
Zip 32308	Country USA	Zip 32308	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PIERCE, ROBERT A. 227 S. CALHOUN ST TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D MAITLAND, CAROL 4223 BAYPOINT ROAD, P O BOX 28023 PANAMA CITY FL 32411-8023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCRAE, CHRISTOPHER T 1305 BLAKEMORE COURT TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS VROOM, FRED Q. M.D. 1213 HODGES DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEISSINGER, JAMES, M.D. 6168 PICKWICK ROAD TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, FRANK, M.D. 7 HIBERNIA ROAD SAVANNAH GA 31411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLADE, GEORGE F 5307 PIMICO DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ST. Fred Q. Vroom MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 850-431-5025
Date Daytime Phone #

10/16/02 1502620