

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
CORPORATIONS

1995

7-25-95

B-9920-C

DOCUMENT # L17138

(3)

1. Corporation Name

PHYSICIAN'S DIAGNOSTIC SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

500 N WESTSHORE BLVD
STE - 720
TAMPA FL 33609
US

500 N WESTSHORE BLVD
STE - 720
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

FILED

95 JUL 25 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified

09/20/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0145078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5100 Nebraska Ave.

25 5100 Nebraska Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, Fl.

27 Tampa, Fl.

Zip

33603

Country

US

Zip

33603

Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASSMAN, ALAN S., ESQ.
1212 COURT ST #B
CLEARWATER FL 34616

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (Applicator)

(NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MILLER, SHERRY
STREET ADDRESS	5100 NEBRASKA AVENUE
CITY ST ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☒ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	33603
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sherry Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY MILLER

7-18-95 813-238-6510
Date (Signature of Filer)