

# 2004 FOR PROFIT-CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 MAY 25 PM 6:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L91536

1. Entity Name  
MOBILE RADIOLOGY AND EKG SERVICE, INC.



Principal Place of Business  
13773 ICOT BLVD  
502  
CLEARWATER, FL 33760

Mailing Address  
PO BOX 17159  
CLEARWATER, FL 33762-0159



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3022423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTWRIGHT, RANDALL  
13773 ICOT BLVD SUITE 502  
CLEARWATER, FL 33760

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CSD  
NAME KLEMMETT, BELT L  
STREET ADDRESS 13773 ICOT BLVD SUITE 502  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE CD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PT  
NAME CARTWRIGHT, RANDALL  
STREET ADDRESS 13773 ICOT BLVD SUITE 502  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE PTSD  
NAME 100037623401  
STREET ADDRESS 06/03/04--01018--026  
CITY-ST-ZIP \*\*61.25

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/04

Date

(927) 443-0389

Daytime Phone #