

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90152 001 *1,685.00

DOCUMENT # N03823
1. Entity Name
 ST. MARY'S IMAGING CENTER, INC.

Principal Place of Business
 901 45th Street
 West Palm Beach, FL 33407

Mailing Address
 901 45th Street
 West Palm Beach, FL 33407

2. Principal Place of Business
 901 45th Street
 Suite, Apt. #, etc.

3. Mailing Address
 901 45th Street
 Suite, Apt. #, etc.

City & State
 West Palm Beach, FL

City & State
 West Palm Beach, FL

4. FEI Number
 59-2445993


Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Valerie G. Larcombe, Esquire
 Akerman Senterfitt
 777 S. Flagler Drive, Suite 900E
 West Palm Beach, FL 33401

7. Name and Address of New Registered Agent
 Name: Valerie G. Larcombe, Esquire
 Street Address (P.O. Box Number is Not Acceptable): Akerman Senterfitt
 777 S. Flagler Drive, Suite 900E
 City: West Palm Beach FL Zip Code: 33401

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  **Valerie G. Larcombe** 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME	CD Thomas McCloskey <input type="checkbox"/> Delete
STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE NAME	S Valerie G. Larcombe <input type="checkbox"/> Delete
STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE NAME	TD Frank Nask <input type="checkbox"/> Delete
STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE NAME	PD Phillip Dutcher <input type="checkbox"/> Delete
STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	TD Michael Loscalzo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE NAME	PD Steven Nathan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 617, 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:  **Steven Nathan** 4/27/00 561-650-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President and CEO Daytime Phone #

CR2E037 (9/99)