**FILED** 

Aug 22, 2003 8:00 am Secretary of State

08-22-2003 90105 046 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # P0000008446

1. Entity Name

SPRINGHILL DIAGNOSTIC OXY-CARE, INC.

9

Principal Place of Business 5112 HIGATE RD. SPRINGHILL FL 34609 Mailing Address 5112 HIGATE RD. SPRINGHILL FL 3460

SPRINGHILL FL 34609			SPRINGHILL FL 34609					
2. Principal P	lace of Business	BOUE S.	Mailing Address	BOVE	ĺ	( 1984)881- (1) Park Bein Sain Bein Ann A	1911 40101 (2012 21011 4	, <b>5.0 4</b> (11 1=4)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State			City & State		<b>4.</b> F	4. FEI Number 59-3622577 Applied F		plied For t Applicable
Zip	Coun	try	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Ad	dress of Current Regis	tered Agent		7. N	ame and Address of New Register	ed Agent	
GALLINA, MARY ANN 5112 HIGATE RD.					Street Address (P.O. Box Number is Not Acceptable)			
	LL FL 34609				<del></del>			
				City		F	Zip Code	3
	ions of registered age			registered office or re		ent, or both, in the State of Florida. I a		and accept
After Se	Payable to Florid	ee will be \$750,00 Department of Stat				Election Campaign Financing     Trust Fund Contribution.	Added	May Be to Fees
10.		OFFICERS AND DIREC		11.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
NAME STREET AODRESS CITY-ST-ZIP	P   Gallina, Mary   5112 Higate RD   Brooksville Fi		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE -NAME-L STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE  NAME	-	a granda e e	Change	Addition:
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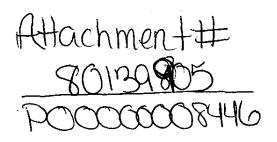
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/03 352238319

CR2E034 (4/03



**AUGUST 19, 2003** 

DEAR SIR,

ENCLOSED PLEASE FIND MY FILING REPORT AND CHECK FOR \$150.00. I NEVER RECEIVED MY ORIGINAL. THIS IS THE FIRST DOCUMENT-I-HAVE-RECEIVED. PLEASE-ACCEPT MY PAYMENT AT THIS TIME. I HAVE PREVIOUSLY CONTACTED YOUR OFFICE REGARDING THIS MATTER AND THEY HAVE ADVISED MY TO SEND THE \$150.00 PAYMENT WITH THIS LETTER. I THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER.

I REMAIN

MARY ANN GALLINA