

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90022 023 ***150.00

DOCUMENT # P00000049848

1. Entity Name
FLORIDA IMAGING CENTERS, INC.

Principal Place of Business
3716 ROYAL PALM DR
BRADENTON FL 34210
2101 S. TAMIAHI TR
SARASOTA FL 34239

CHANGE TO

Mailing Address
3716 ROYAL PALM DR
BRADENTON FL 34210
PO BOX 25334
SRQ FL 34277

CHANGE TO

2. Principal Place of Business
2101 S. Tamiami Tr.

3. Mailing Address
PO Box 5026

Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
Sarasota FL

Zip
34239

Country
USA

Zip
34277

Country
USA

6. Name and Address of Current Registered Agent

BALOT, DAVID
3716 ROYAL PALM DR
BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name
AMERICO BORZA

Street Address (P.O. Box Number is Not Acceptable)
2015 MCINTOSH RD

City
SARASOTA FL

Zip Code
34236

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: D. Balot Dave Balot, President 4-17-01

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BALOT, DAVID
3716 ROYAL PALM DR
BRADENTON FL 34210

Change Address ☐ Delete TO:
PO Box 25334
Sarasota FL 34277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY
AMERICO BORZA
2015 MCINTOSH RD
SARASOTA FL 34236

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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: D. Balot Pres. 4-17-01 941-321-6989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)